SunCountry
HEALTH REGION

Annual Report
2010-11

Healthy
People
in Healthy
Communities

Table of Contents

Letter of Transmittal

Introduction 1

Alignment with RHA Strategic Direction 1

Health Status of Residents 4

- Selected Health Status Indicators 4
- Self-reported Health Indicators 12
- Socioeconomic Determinants of Health 14

RHA Overview 19

- Overview of Facilities & Programs 19
- Health Care Organization Relationships 22
- Governance 22
- Sun Country Regional Health Authority 23
- What We Do 24
- Standards of Conduct, Ethics & Values 24
- Health Advisory Networks 24
- Map of Sun Country Health Region 25

Progress in 2010-11 26

- RHA Goal 1 27
- RHA Goal 2 35
- RHA Goal 3 44
- RHA Goal 4 49

2010-11 Financial Overview 51

2010-11 Audited Financial Statements 53

- Report of Management 54

Appendices

- Organization Chart
- Payee Disclosure List

Letter of Transmittal

July 15, 2011

The Honourable Don McMorris
Minister of Health
Dear Minister McMorris,

The Sun Country Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2010-11 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2011.

The Sun Country Regional Health Authority was pleased to participate in the province-wide introduction of Releasing Time to Care (RTC) in health care facilities. We began with one unit and have expanded to five. Front line staff members from all departments are involved in the initiative and are thoughtfully working toward the provision of quality patient and family-centred care. The RTC projects are another example of the fact that our overall success is greatly attributed to the dedication and commitment of the employees of Sun Country Health Region.

Respectfully submitted,

Sharon Bauche

Sharon Bauche,
Chairperson
Sun Country Regional Health Authority

Introduction

This annual report presents the Sun Country Regional Health Authority's activities and results for the fiscal year ending March 31, 2011. It reports on public commitments made and other key accomplishments of the RHA.

The mandate of Sun Country Regional Health Authority (SCRHA) is to provide quality health services to the residents of South East Saskatchewan. SCRHA is accountable to the Ministry of Health for the planning, organization, delivery and evaluation of health services provided within the Sun Country Health Region (SCHR). The Regional Health Authority uses the operating name of Sun Country Health Region.

The goal of this Region is to continue to build a province of healthy people and communities, while providing a range of effective, comprehensive, and equitable services. SCHR operates with the highest standard of care, by using evidence-based research and guidelines to deliver that care.

Alignment with Strategic Direction

The goals of Sun Country Health Region are consistent with those of the Saskatchewan Ministry of Health, to which it reports. All of SCHR's activities and direction mesh with the goals created by the Ministry of Health as the means to meet its mandate.

SCHR has a stated Vision, Mission and set of Goals that guide its work:

Vision
Healthy People in Healthy Communities

Mission
SCHR exists so that there will be:

- Optimum health throughout the life span;
- Primary health care available to everyone within the Region;
- People taking personal responsibility for their health;
- A significant decrease in the incidence of preventable diseases;
- Public policy supporting healthy living;
- Healthy environments; and
- Safe provision of care.

Statement of Values

1. We value mutual respect, honesty and trust.
2. We value openness with our community to create informed decision-making.
3. We value social and ethical responsibility and accountability.
4. We value privacy, confidentiality and compassionate care.
5. We value a sense of ownership by those associated with the mission of the Regional Health Authority.
6. We value our staff, physicians, and volunteers as our most valuable resource.

Goals

- Access to a defined range of quality health services through an integrated, coordinated and collaborative care model and provide a culture of patient/resident/client safety.
- Healthy environments are promoted that allow residents of Sun Country Health Region to live healthy lifestyles.
- SCHR is a healthy, safe workplace able to attract, support and retain a competent, skilled and engaged workforce.
- Sun Country Health Region provides health services through a sustainable, efficient and accountable system.

Historically, Regional Health Authorities (RHAs) and the Saskatchewan Cancer Agency (SCA) have each overseen most of their own administrative and support services. Today they are working together to design a new means of sharing these services.

Shared Services will focus on administration by sharing functions related to human resources, information technology, finance and administration, and materials management. The health system can reduce costs and duplication, work more efficiently and effectively, and allocate more resources to direct patient care.

This project is part of Saskatchewan's move to a more patient-centred health system. The Patient First Review Commissioner recommended shared services as a way to achieve greater value for Saskatchewan patients and taxpayers.

The shared services approach seeks to achieve both the customer service orientation of a decentralized administrative model and the effectiveness and efficiency of a centralized model.

Shared services are not new to the Saskatchewan health sector. Health Regions, their affiliates, and the SCA have been sharing payroll, benefits, purchasing, and some human resource and workplace health and safety functions for a number of years through the Saskatchewan Association of Health Organizations (SAHO), or on a collaborative basis.

The Shared Services Project is under the direction of the Council of CEOs. It is funded in part by the Ministry of Health, which has established strategic and operational directions for the project, and by significant in-kind contributions from the RHAs, the SCA, and SAHO.

Environmental Scan

One of the ways the Region's vision of *Healthy People in Healthy Communities* can be successful is by having a good understanding of the public's health status and the many factors that influence health.

SCHR's 2010/2011 Environmental Scan provides a picture of the overall health and well-being of residents of the Region. It also includes comparisons to the province for some indicators.

The health status of residents in SCHR is generally positive. The Region has brought together data from a variety of sources to provide information about population, health status, immunization coverage rates, communicable diseases, etc.

The Environmental Scan provides perspective to inform areas for improvement to our programs and services and where opportunities exist for the prevention of illness. The complete Environmental Scan is posted on our website at www.suncountry.sk.ca

SCHR covers the southeast portion of Saskatchewan, Canada from the Manitoba border to the U.S. Border, encompassing serene prairie and park land. There are 28 facilities and 34 community-based health programs in the Region. The Region covers 33,239 square kilometers.

Demographics

There are a number of demographic factors that influence both service delivery and the health status of residents in SCHR. There are 55,144 individuals residing in SCHR (2010 covered population). The population has increased 1.9% from 2009 while the province of Saskatchewan witnessed an increase of 3.3% over the same time period.

Between 2006 and 2010, the population of SCHR increased by 4.4%. The provincial population increased by 6.7% over the same time period.

In 2010, 43.4% of the SCHR population was over 45 years of age, compared to 40.5% for the province, while 17% (9,148) of SCHR population is over the age of 65.

Travel for health services in SCHR is often required with our widely dispersed population. Forty-five percent of SCHR residents live in our two cities and the remaining 55% live in rural areas such as towns, villages, and on farms within our rural municipalities.

The City of Weyburn 2010 population is 11,782 and Estevan has a population of 12,876. This is an increase of 14.5% and 13.9% respectively from their 2009 population. The population of Estevan has increased by 2,206 since 2006. The population of Weyburn has increased by 1,820 in the same time period.

The older and aging population in the Region may contribute to future demands for a younger work force to provide services to seniors.

Health Status of Residents

Generally, the health status of the SCHR population is positive and many of the SCHR health status indicators are similar to the provincial health status indicators.

Selected Health Status Indicators:

- **Life Expectancy**
  The life expectancy *at birth* in SCHR is 77.9 years for males and 83.2 years for females in 2007. This is higher than the provincial figure of 76.9 years for males and 82.0 years for females. The Canadian figures are 78.3 years for males and 83.0 years for females.

  Life expectancy at *age 65 years* for SCHR is 20.3 years which is higher than the provincial life expectancy of 19.6 years (Statistics Canada, Canadian Vital Statistics, 2005/2007).

- **Infant Mortality**
  Historically, the infant mortality rate (IMR) in Sun Country has been comparable to that of the province (see Figure 1). Readers should note that the rates vary significantly because of the small number of cases per year.

  The Saskatchewan IMR for 2005 to 2007 was 6.3% per 1,000 live births while the national rate was lower at 5% (Source - Statistics Canada, Vital Statistics, Birth and Death Databases).

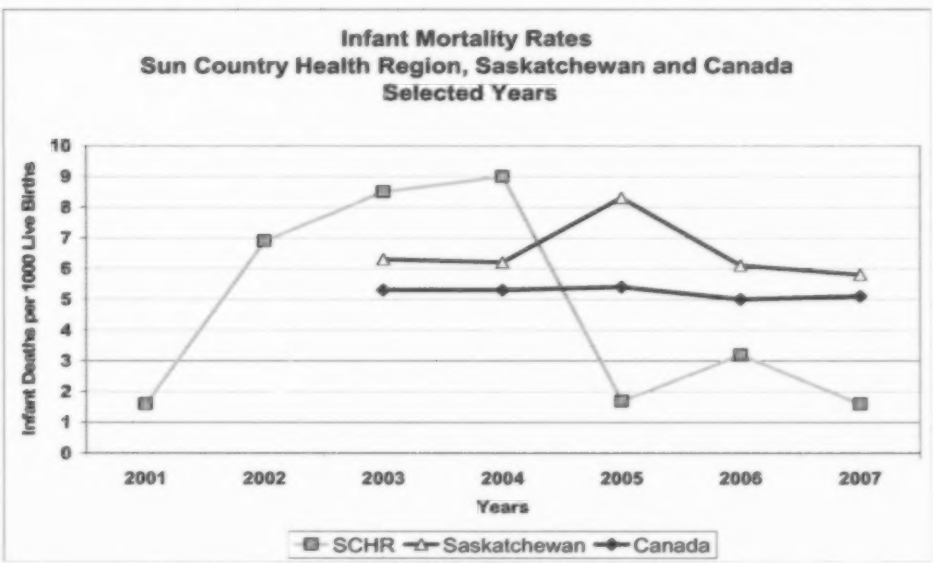

Figure 1: SCHR Infant Mortality, 2001 to 2007
Sources:

- Saskatchewan Prevention Institute; Infant Mortality in Saskatc' ewan: Evidence to Inform Public Health Practice; Appendix D; February 2009
- Statistics Canada, CANSIM, table 102-0504 and Catalogue no. 84F0211X

- **Low Birth Weight**
  The 2005/2007 low birth weight rate (per 100 live births) in Sun Country Health Region was 5% compared to 5.6% for Saskatchewan (Statistics Canada, Vital Statistics, 2005/2007). Between 1999-2001 and 2002-2004, the low birth weight rate in Sun Country Health Region rose from 4.3 to 5.5 per 100 live births.

- **Leading Causes of Death**
  Circulatory diseases and ischaemic heart diseases are the leading cause of death in the SCHR and Saskatchewan. Respiratory diseases were responsible for 41.2% of the deaths in SCHR and 47.4% in the province (Statistics Canada 2005/2007).

- **Chronic Diseases**

  Cardiovascular Disease (CVD):
  Risk factors for cardiovascular and cerebrovascular disease include unhealthy diet, physical inactivity, and tobacco use. Behavioural risk factors are responsible for about 80% of coronary heart disease and cerebrovascular disease. The social determinants of health also have an impact on CVD. The acute myocardial infarction (heart attack) hospitalization rate in SCHR was 243 per 100,000 population compared to 228 for Saskatchewan.

  The stroke hospitalization rate in SCHR was 107 per 100,000 population compared to 133 for Saskatchewan (see Figures 2 and 4).

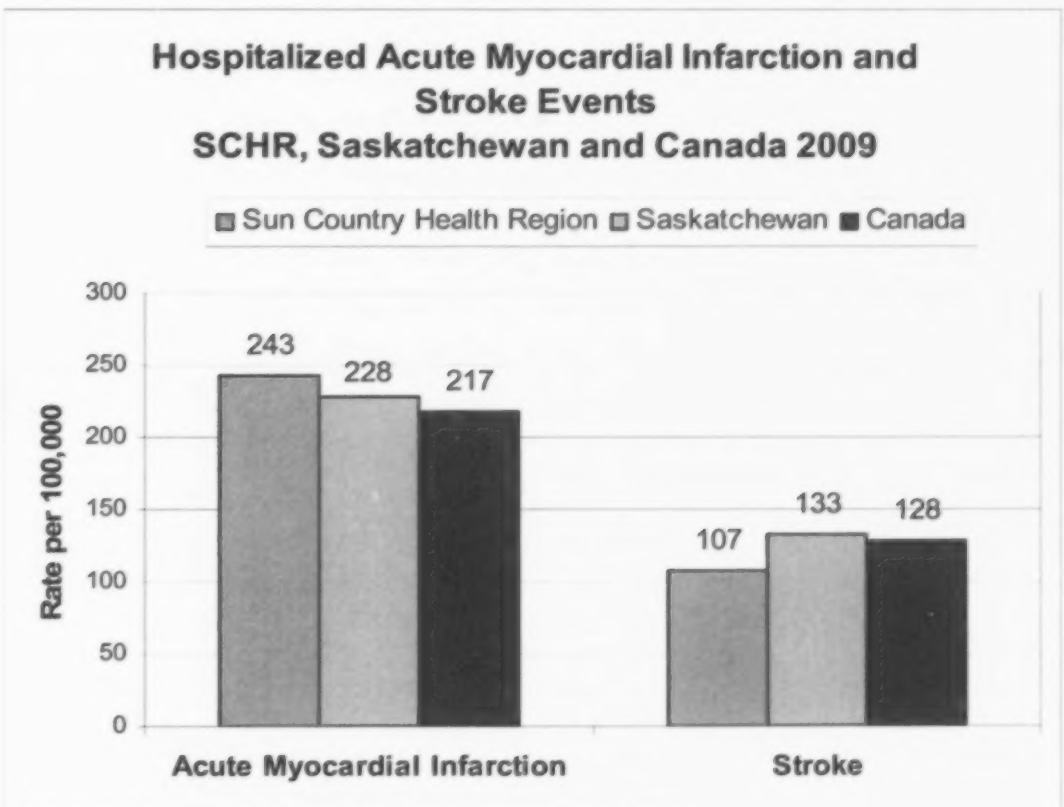

Figure 2: SCHR Hospitalized AMR and Stroke Events, 2009
Source: IHI, (DAD), April 1, 2008 to March 31, 2009.

Figure 3 shows that 20.9% of residents in SCHR reported high blood pressure compared to the provincial rate of 18.2% (Statistics Canada 2005/2007).

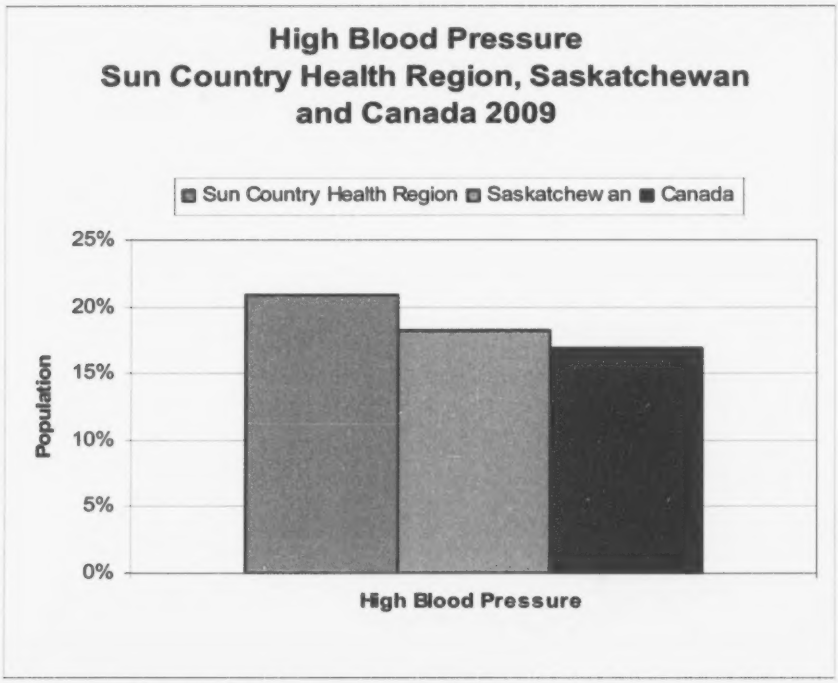

Figure 3: SCHR High Blood Pressure, 2009
Source: Statistics Canada, Canadian Community Health Survey, 2009.

Diabetes:
In 2009, the number of SCHR residents diagnosed with diabetes increased to 5% from 4.6% in 2008. Provincially, the rate dropped from 6.4% in 2008 to 5.6% in 2009 while nationally; there was an increase to 6% from 5.9% in 2008 (see Figure 5).

Asthma:
There was a 0.1% decrease in residents of SCHR diagnosed with asthma in 2009 from 9.1% in 2008. The province reported 9% and 8.7% of the population in 2009 and 2008 respectively as diagnosed with asthma. In Canada, there was a decrease from 8.4% in 2008 to 8.1% in 2009 (see Figure 5).

Arthritis:
Rates for the Region and province were 17.8% and 18.1% respectively in 2009 which is a decrease for SCHR compared to 20.3% in 2008. The rate remained at 15% nationally in 2008 and 2009 (see Figure 5).

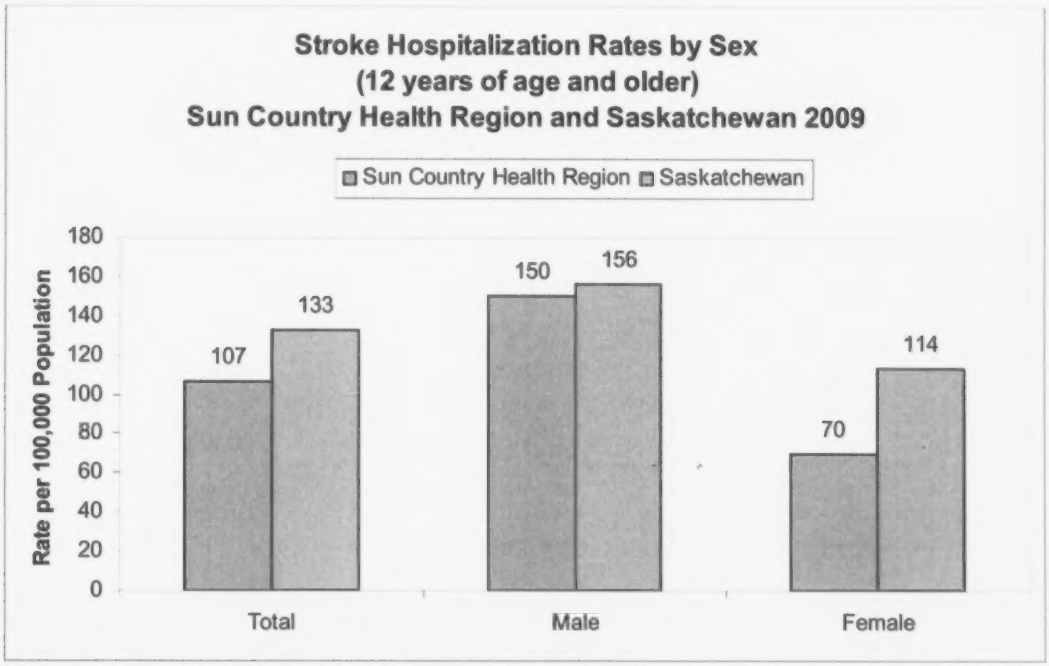

Figure 4: SCHR Stroke Hospitalizations by Sex, 2009
Source: CIHI, (DAD), April 1, 2008 to March 31, 2009.

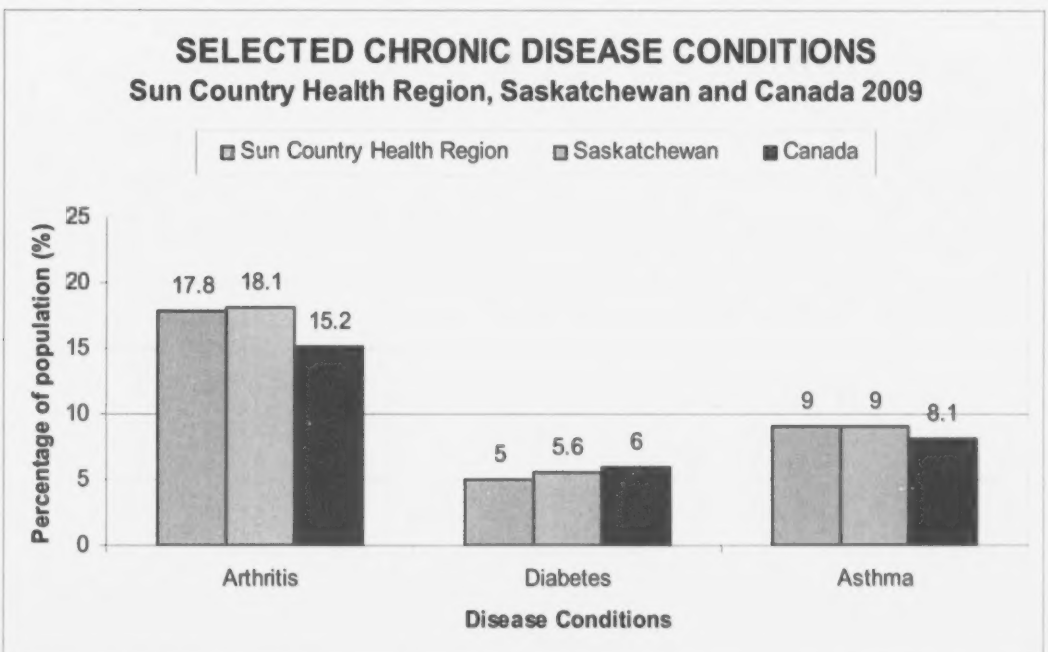

Figure 5: Selected Chronic Disease Conditions for SCHR, Saskatchewan, and Canada, 2009
Source: Statistics Canada, CCHS 2009

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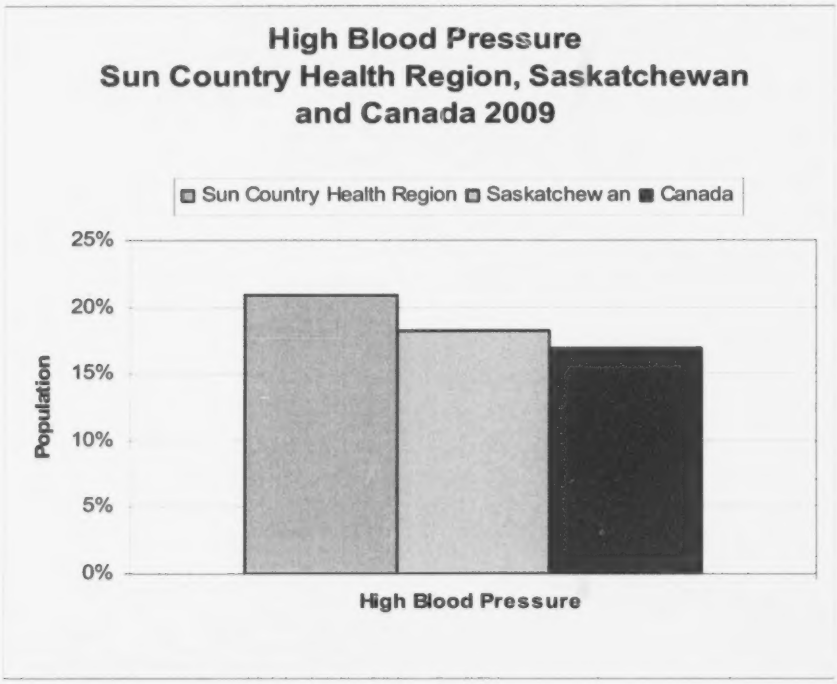

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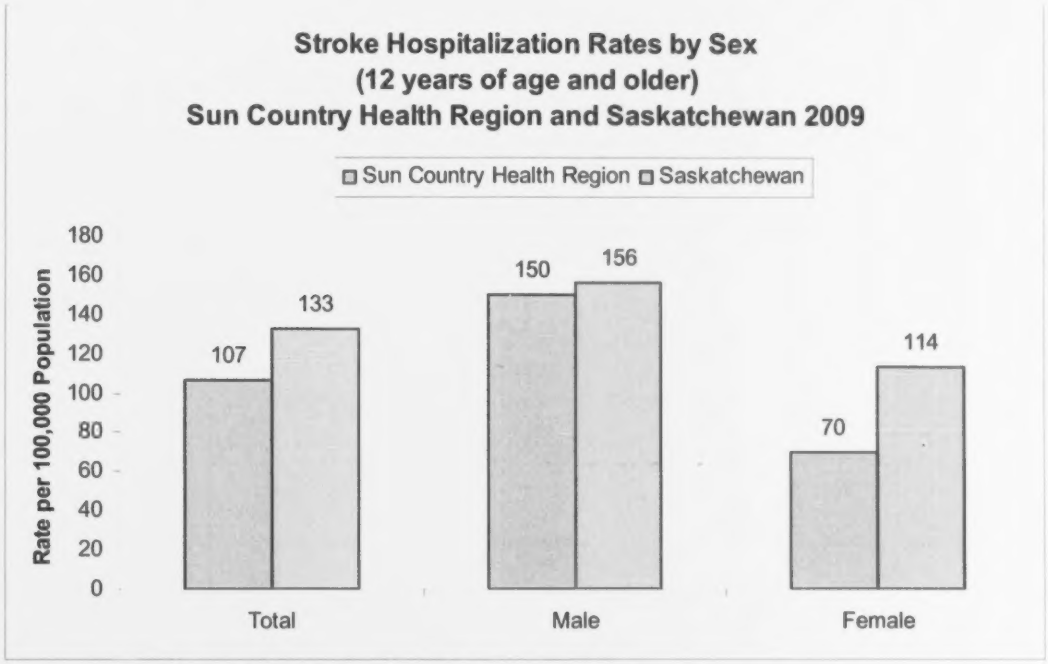

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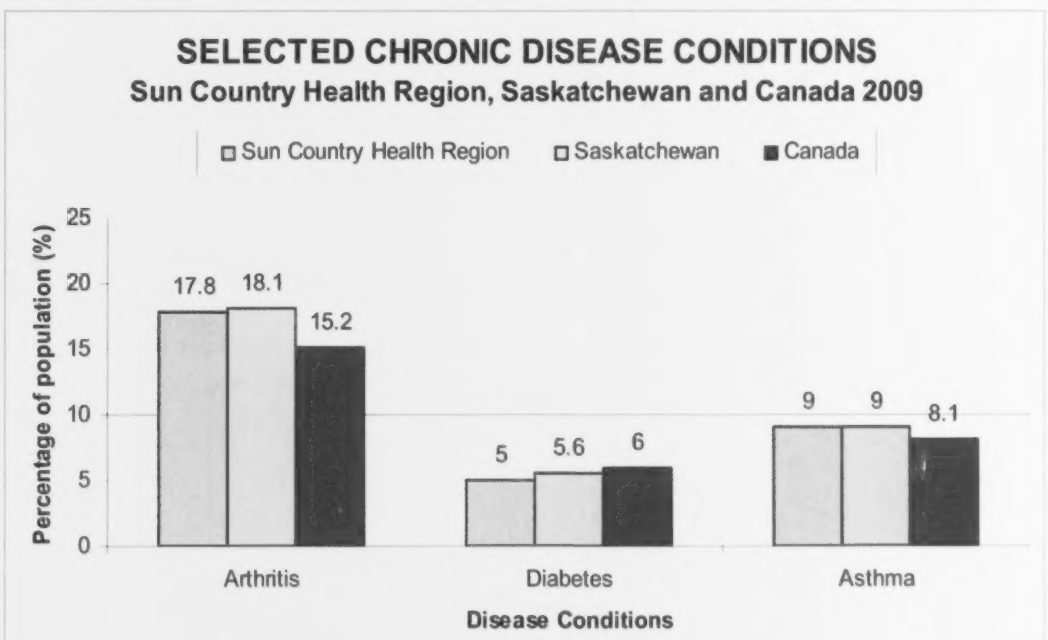

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Source: Statistics Canada, CCHS 2009

- **Percentage of Population who are Overweight or Obese**
  Body mass index (BMI) is a method of classifying body weight according to health risk. In SCHR, the percentage of the population identified as overweight (BMI = 25 to 29.99) in 2009 was 31.2% which was lower than the 40.8% reported in 2008 and is also lower than the 2009 provincial rate of 36.3%. There was an increase in the proportion reporting obesity (BMI = 30 to 34.99) from 22.2% in 2008 to 26.1% in 2009. The national rates are 33.7% (overweight) and 17.9% (obese) for 2009 (Source: 2009 CCHS, CANSIM table no.: 105-0501).

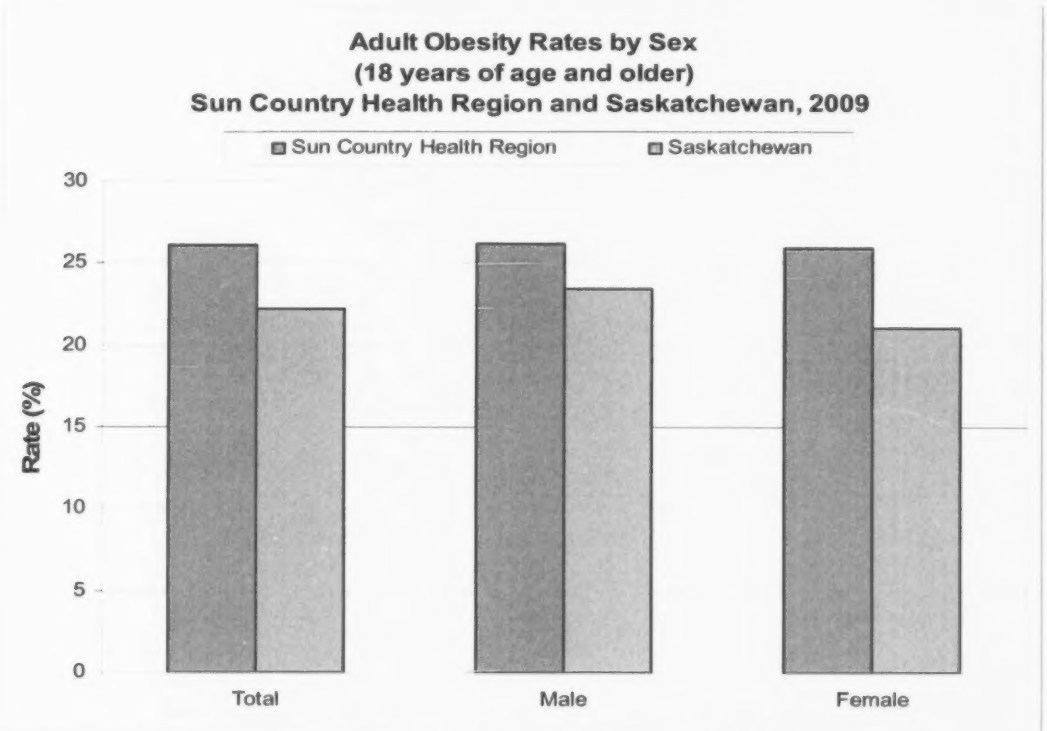


Figure 6: Adult Obesity Rates (BMI = 30 to 34.99) for SCHR and Saskatchewan, 2009
Source: Statistics Canada, CCHS, 2009

- **Ambulatory Care Sensitive Conditions**
  Ambulatory care sensitive conditions are considered to be an indirect measure of access to appropriate primary health care, with fewer hospital admissions being a sign of effective prevention.[1]

  The acute care hospitalization rate for ambulatory care sensitive conditions for SCHR was 603 acute care hospitalizations per 100,000 people. The SCHR rate is higher than the rates for Saskatchewan of 486 and 320 hospitalizations per 100,000 for Canada (CIHR 2010).

[1] While not all admissions for these conditions are avoidable, appropriate ambulatory care could potentially prevent the onset of this type of illness or condition, control an acute episodic illness or condition or manage a chronic disease or condition. This indicator is the age-standardized rate per 100,000 population younger than age 75.

- **Home Care Clients**
  Residents who utilize the Home Care service have varying degrees of short and long-term illness or disability and support needs. A total of 2,643 clients received home care services in 2009/2010. The highest proportion of home care clients are in the 80-89 year age group at 40.5%. The lowest proportion of home care clients are in the 0-19 age group at 0.5% (see Figure 7).

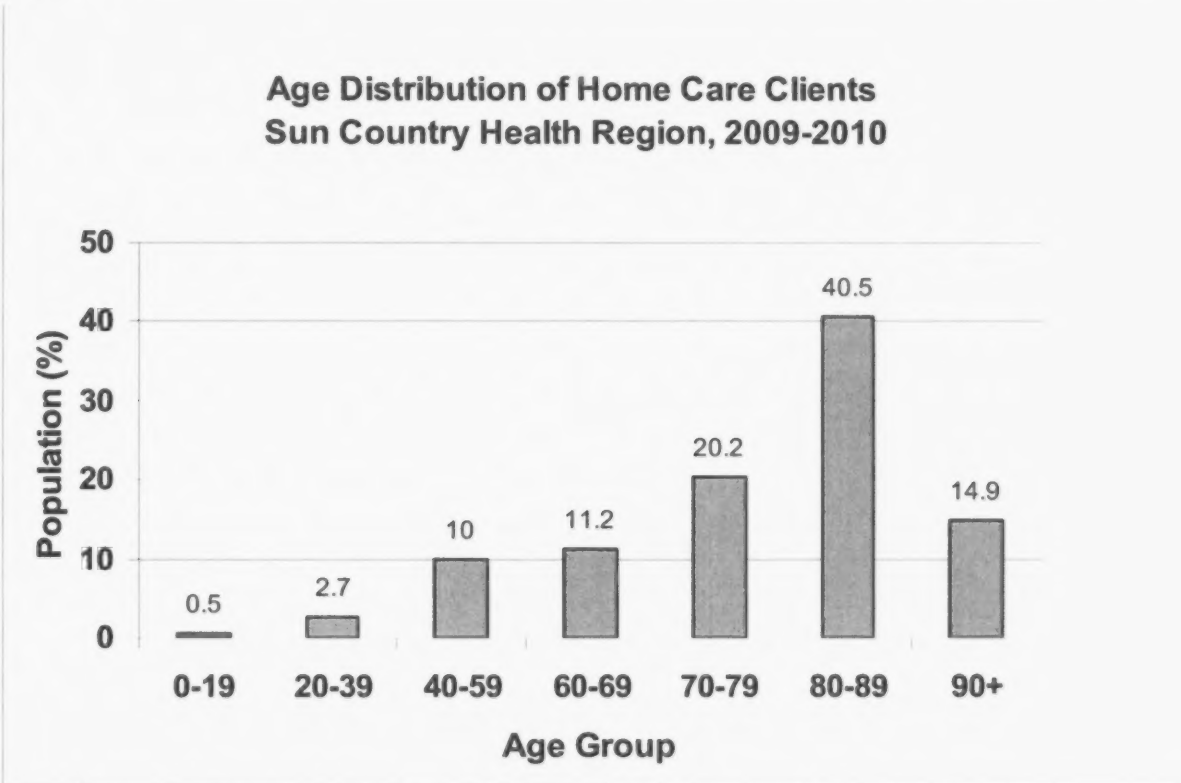


Figure 7: Age Distribution of Home Care Clients in Sun Country Health Region, 2009-2010
Source: Community Program Profile 2009-2010, Saskatchewan Ministry of Health

- **Smoking**
  The proportion of SCHR residents who were current daily smokers is 25.1%, higher than both the provincial and the national rates of 17.2% and 15.6% respectively (2009 CCHS).

- **Mental Health Illness**
  SCHR provides diagnostic and treatment services to mentally ill clients to restore their capacity to live in the community. The total Regional and provincial new and reopened registrations for mental health services in 2009/2010 were 1,068 and 16,053 respectively.
  - Schizophrenia and other psychotic disorders are the most common mental illnesses diagnosed in the Region (see Figure 8).
  - Thirty per cent of new and returning mental health clients seeking mental health services in the Region are 20 to 39 years of age. This may be due to the frequent changes and different stressors that occur in a young adult's life (see Figure 9).

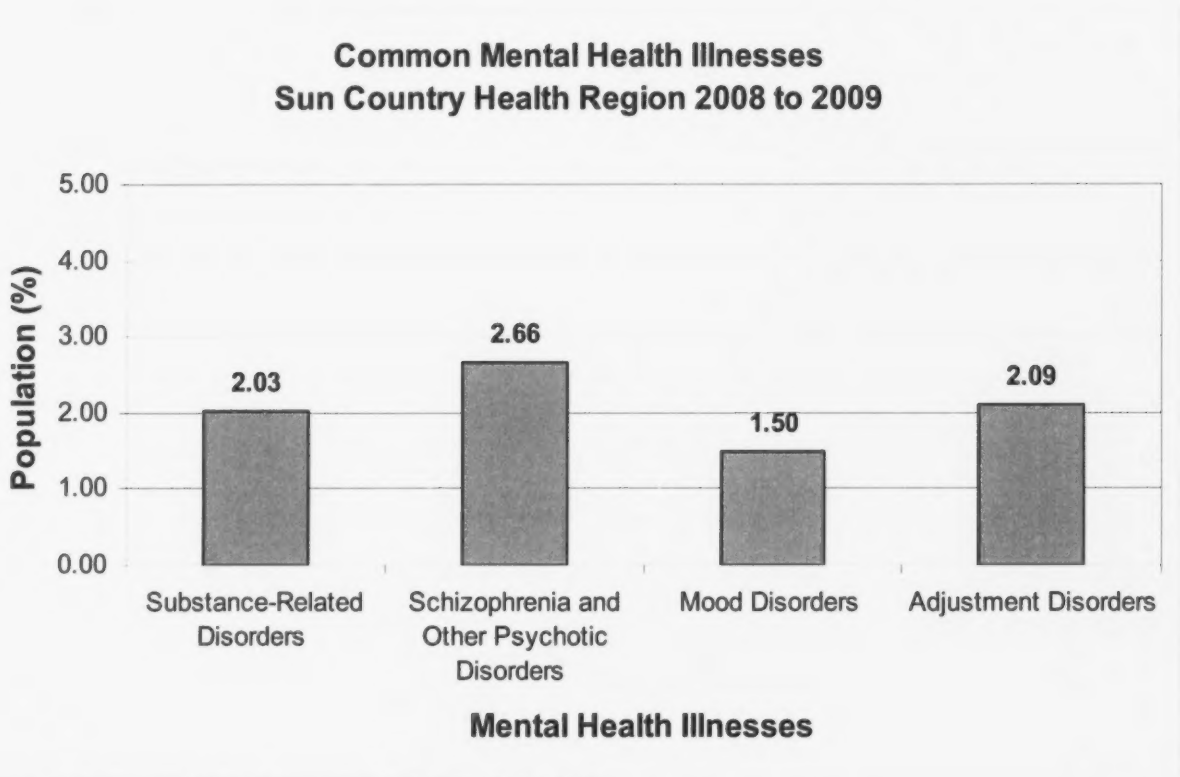


Figure 8: Common Mental Illnesses in SCHR, 2008-2009
Source: Saskatchewan Ministry of Health

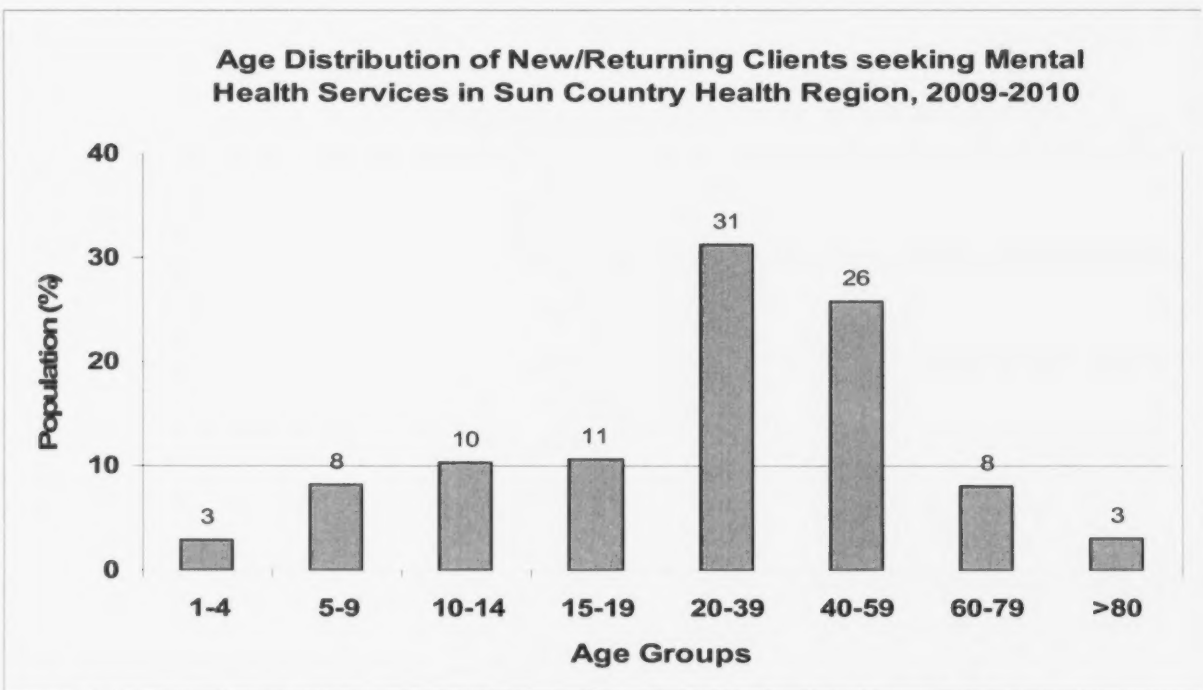


Figure 9: Age Distribution of Clients seeking Mental Health Services in SCHR, 2009-2010
Source: Community Program Profile 2009-2010, Saskatchewan Ministry of Health (pg. 20)

- A slightly higher percentage of males in SCHR utilize the Alcohol and Drug services in comparison to Saskatchewan (see Figure 10).

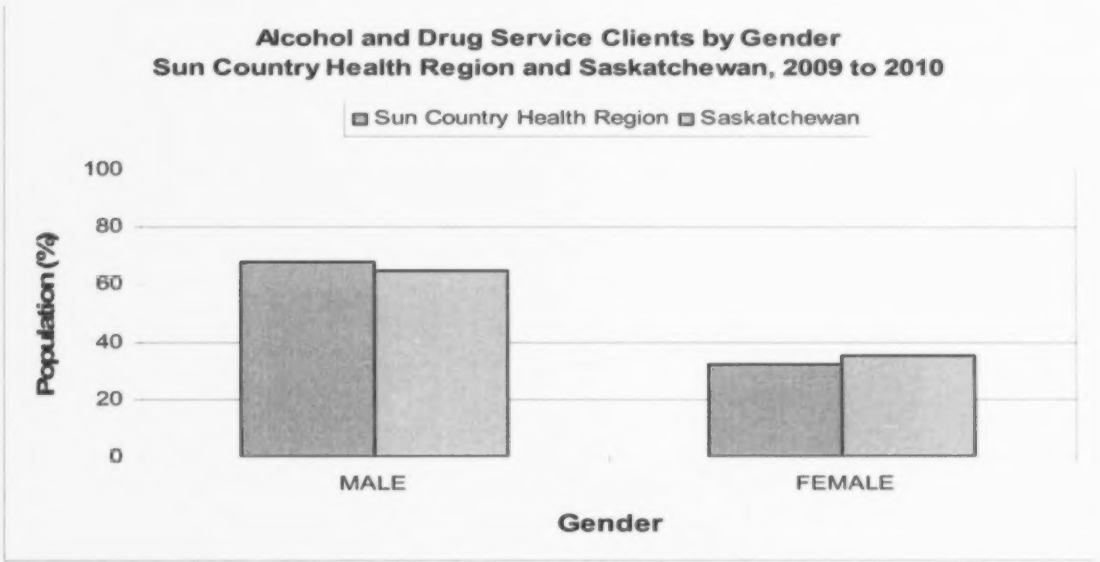


Figure 10: Alcohol and Drug Service Use by Gender in SCHR, 2009-2010
Source: Saskatchewan Ministry of Health

- The mortality rate for suicides and self-inflicted injuries in SCHR (14.6) per 100,000 population is higher than the provincial and national average (11.3 and 10.9) per 100,000 population.

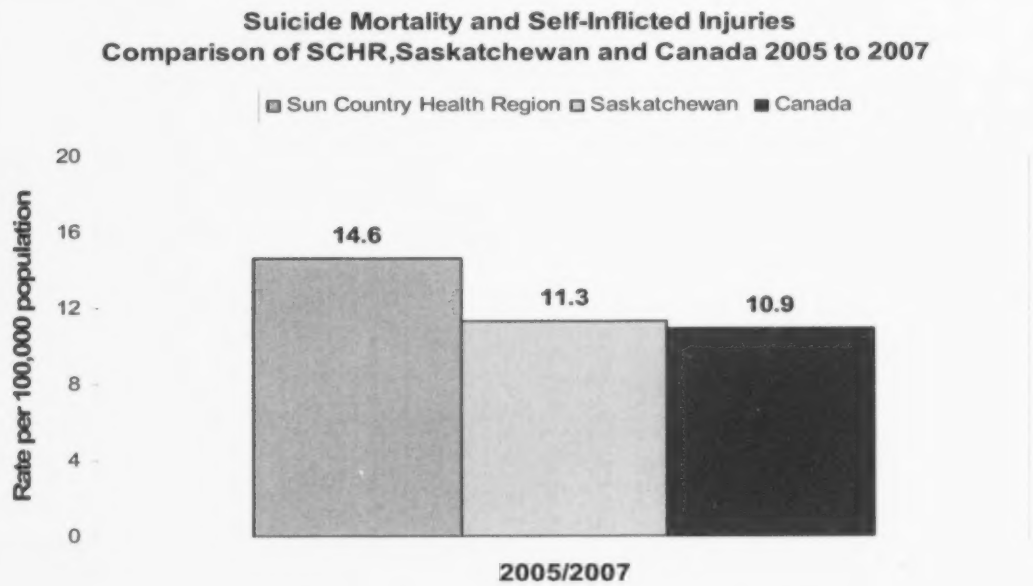


Figure 11: Suicide Mortality and Self Inflicted Injuries, Comparison of SCHR, Saskatchewan and Canada, 2005-2007
Source: Statistics Canada, Table 102-4309

Self-Reported Health Indicators:
Self-reported health indicators reflect an individual's perceived health. They complement other health status indicators (HRSDC, 2008).

- **Sense of Belonging and Life Satisfaction**
  Research shows a high correlation between a sense of community-belonging and physical and mental health. In 2009, 76.6% of SCHR residents reported their sense of belonging to their local community as being very strong or somewhat strong. This is above the Canadian average of 65.4%.

  The percentage of people in SCHR who indicate that they are satisfied or very satisfied with their life is 93.8%. This compares to rates of 93.1% in Saskatchewan and 92.1% in all of Canada (Statistics Canada, CCHS, 2009).

- **Sense of Well-being**
  The percentage of residents in 2009 in the Region who perceived themselves to be in good or excellent health was 53.3% (a drop of 5.7% from 2008). There was also a drop of 5.6% in the proportion of SCHR residents who perceived themselves to have good or excellent mental health; 68.7% in 2009 compared to 74.3% in 2008.

- **Regular Visits to Medical Doctor**
  In 2009, 83.6% SCHR residents reported regular visits to their medical doctor, similar to the Saskatchewan rate of 83.4%.

- **Selected Rates of Self-reported Diseases**
  The percentage of SCHR residents who report high blood pressure and arthritis are 20.9% and 17.8% respectively. In Saskatchewan they are 18.2% and 18.1% respectively (see Figure 12) .

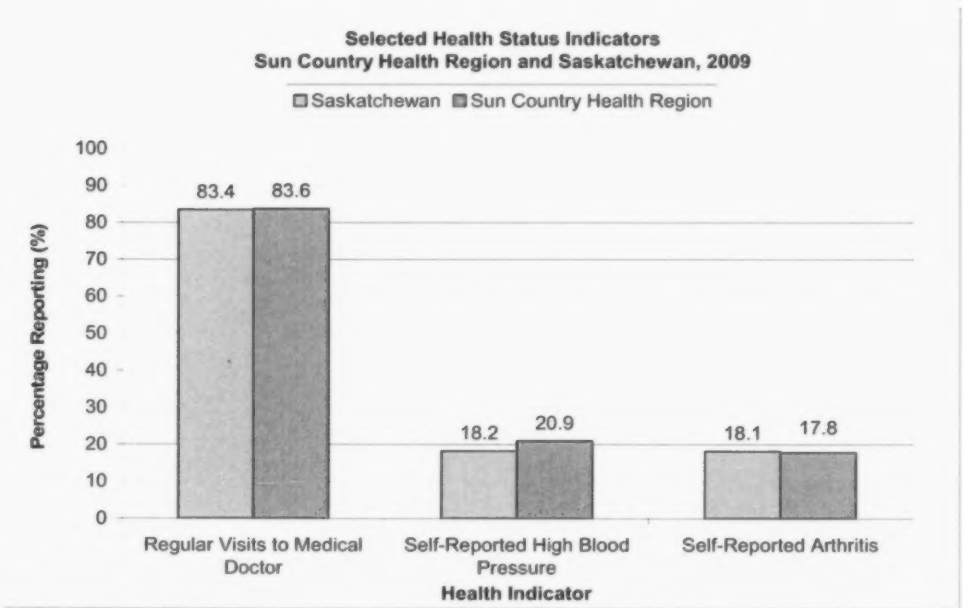


Figure 12: 2009 SCHR Selected Health Status Indicators
Source: Health Quality Council, 2009 data

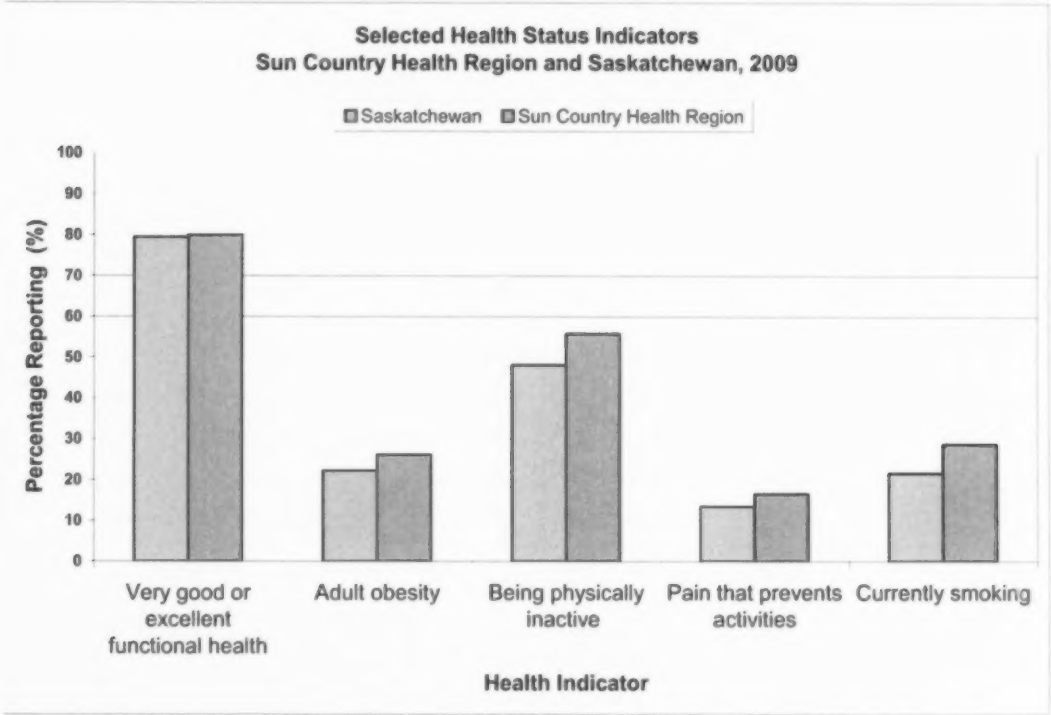


Figure 13: SCHR Additional Selected Health Status Indicators, 2009
Source: Health Quality Council, 2009 data

- **Other Selected Health Status Indicators**
  Residents reporting very good or excellent functional health was at par with the provincial rate while the SCHR rates for adult obesity, physical inactivity, and pain that prevents activities are slightly higher than the Saskatchewan rates (see Figure 13). The rates of current smoking are also higher in SCHR compared to Saskatchewan.

- **Injuries**
  The injury hospitalization rate measures the incidence of injuries serious enough to require hospital admission. These injuries are more likely to result in surgical intervention (Source: HQC, 2009). The overall injury hospitalization rate in SCHR is 206.7 per 100,000 and it is higher than the provincial rate of 153.1 per 100,000.

  The hospitalization rate for falls in SCHR is 63.5%, higher than the overall provincial rate of 39.5% (Source: HQC, 2009).

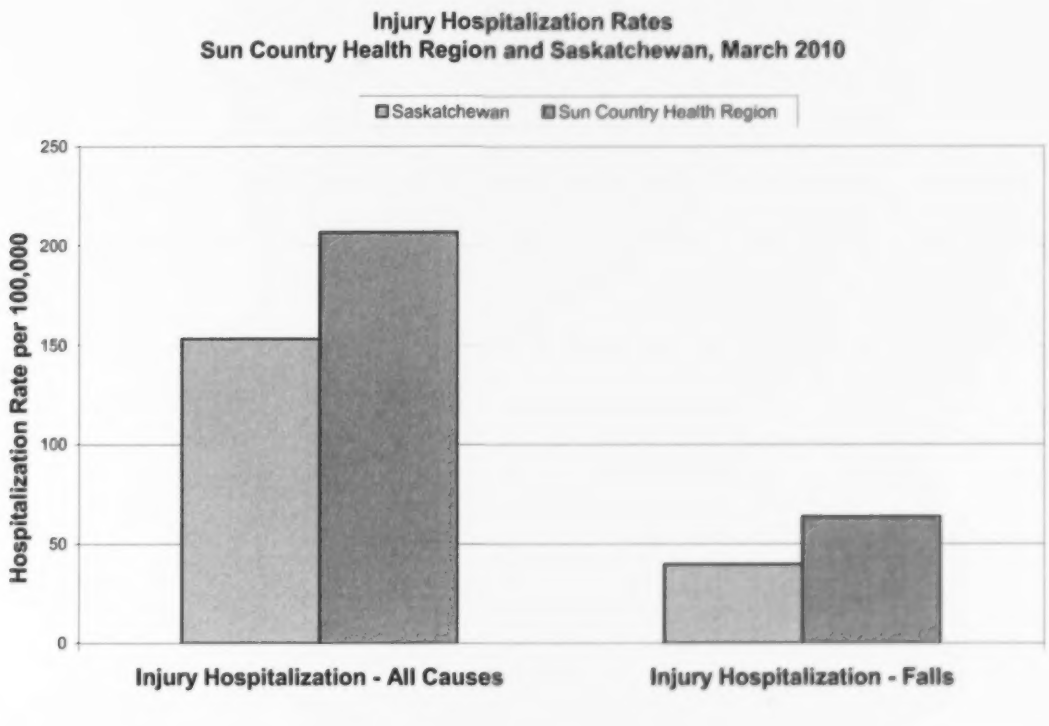


Figure 14: SCHR Injury Hospitalization Rates, 2010
Source: Health Quality Council, March 2010 data

Socioeconomic Determinants of Health:
The health status of any population is determined by several factors besides the population's biological vulnerability to disease. The social and economic environment has a profound impact on health. The social determinants of health include income, education, family structure, food costs, and employment, etc.

- **Unemployment**
  The employment rate has risen by 1.9% in SCHR. The provincial unemployment rate also increased during this time period to 4.8% from 4.1% in 2008.

  According to the 2006 census, SCHR also has a lower proportion of persons living below the low income cut off.

- **Other Socioeconomic Determinants**
  The two larger centres in SCHR have higher than average transience, home rental, and low education rates. Both communities have rates below the provincial average for single parent families (See Figure 15).

  According to the 2006 census data, almost twenty five percent of SCHR's working population worked in "occupations unique to primary industry." The continuing development of primary industry, specifically the oil and gas sector, in the Region may lead to challenges in health

care delivery in SCHR. The great abundance of primary industry in the Region is likely one of the main reasons for the transience that is being seen in the population. A transient population can have impacts on many health and social components in our society including an increase in some communicable diseases.

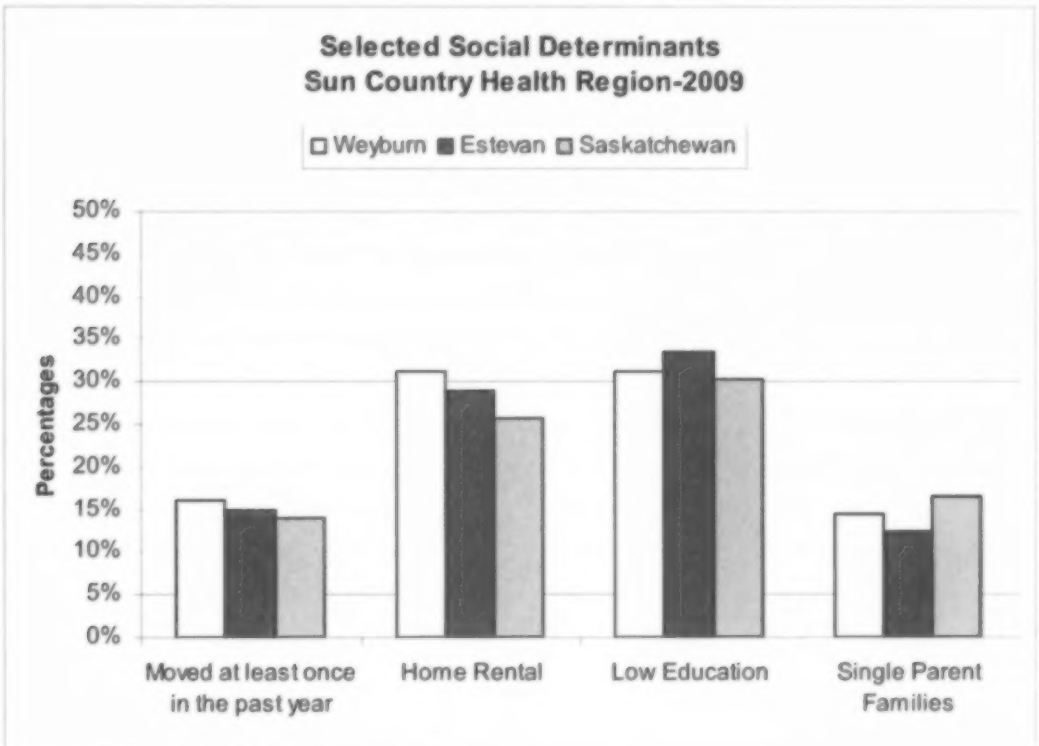


Figure 15: Selected Social Determinants, 2009
Source: Statistics Canada, 2009

- **Surgical Site Infections**
  Accreditation Canada requires health organizations to track surgical site infections for procedures based on the highest risk, the highest volume or both. The recommended procedures include hysterectomy and caesarean section surgeries.

  St. Joseph's Hospital of Estevan performed 310 surgeries during 2010 and reported two post-surgical infections for an annual infection rate of 0.6%:
  - The overall C-Section infection rate in 2010 was 4.5% (2/44) compared to 3.6% in 2009.
  - The overall hysterectomy infection rate in 2010 was 0% (0/12). The rate in 2009 was 0%.

  Weyburn General Hospital performed 382 surgeries during 2010 and reported four post-surgical infections for an annual infection rate of 1.0% (see Tables 14 and 15).
  - The overall C-Section infection rate in 2010 was 0% (0/2).
  - The overall hysterectomy infection rate in 2010 was 14.3% (3/22). The rate in 2009 was 15.8%.
    - All 3 surgical site infections in 2010 were Total Abdominal Hysterectomies with a Risk Index Score of 0 (all the 2009 were also a risk score of 0).

- **Outbreaks**
  The following section is based on information collected retrospectively from the reporting of outbreaks in SCHR facilities from January 1, 2010 to December 31, 2010.
  - There were a total of 24 outbreaks in SCHR in 2010.
  - The outbreaks are categorized into 3 categories: respiratory, gastric or "other".
  - The "other" category of outbreaks includes outbreaks of antibiotic-resistant organisms.

  The majority of outbreaks reported in 2010 occurred in Long Term Care facilities:
  - Long term care – 14 facilities
  - Integrated – 7 facilities
  - Community – 2
  - Acute – 1

  In 2010, there were 10 gastric outbreaks (including 1 community outbreak in a private care home), 12 respiratory outbreaks, 1 outbreak of MRSA and a community outbreak in a day care setting. In 8 outbreaks more than 1 organism was identified. The Chart below illustrates the type of outbreak by type of organism with the majority of outbreaks being respiratory (10 of 24).

  Norovirus was identified in 6 of the 10 (60%) enteric outbreaks. *Staphylococcal* food poisoning enterotoxins and Rotavirus were identified in 1 outbreak. *Yersinia enterocolitica* food poisoning was co-identified with Norovirus in one outbreak. In three enteric outbreaks no organism was identified.

  Rhino/Enterovirus was the most common respiratory pathogen identified in SCHR facility outbreaks in 2010 and was identified in 5 of the 12 (42%) respiratory outbreaks. Coronavirus was the second most common pathogen identified in 3 of the 12 (25%) respiratory outbreaks. In one of the reported respiratory outbreaks there was no organism identified. Human metapneumovirus was identified in 3 respiratory outbreaks but RSV was also identified in 1 of those.

  A total of three (3) deaths were attributed to the reported outbreaks. Two deaths occurred during an RhinoEnterovirus outbreak and the other death occurred during a Coronavirus outbreak. All deaths occurred during outbreaks in Long Term Care facilities. For additional parameters (see Tables 1 and 2).

Table 1 - Specific Parameters by Outbreak Type, 2010

Outbreak type	Enteric	Respiratory	Other
Duration – Range (days)	2-10	0-24	N/A
Duration – Average (days)	5	11	N/A
Total Cases – Range	5-23	4-40	7
Average Number of Cases/Outbreak	12	16	7
2010 Outbreak Related Deaths	0	3	0

Table 2 – SCHR Outbreaks, 2010

Outbreak Number	Date	Facility Name	Organism Identified	Duration of Outbreak in Days	# of Days Facility Closed	Percent of Residents Affected (N)	Percent of Staff Affected (N)	# of Resident Deaths
SCHR-2010-001	Jan-10	WDL	Coronavirus	4	5	35.7% (10)	21.1% (8)	0
SCHR-2010-002	Jan-10	MML	Respiratory Surveillance					
SCHR-2010-003	Feb-10	ERNH	Coronavirus	13	11	9.9% (7)	12.3% (9)	0
SCHR-2010-004	Feb-10	Oxbow GHC	Norovirus	8	10	42.1% (8)	18.2% (6)	0
SCHR-2010-005	Feb-10	DVL	RSV & hMPV	24	20	41.2% (14)	2.2% (1)	0
SCHR-2010-006	Feb-10	TV House #1, 2, &10	Gastric - No organism identified	2	5	17.9% (5)	0%	0
SCHR-2010-007	Mar-10	WSCH	hMPV	16	18	22.9% (19)	18.8% (21)	0
SCHR-2010-008	Mar-10	Oxbow GHC	S. aureus food borne & Rotavirus	6	11	22.7% (5)	8.3% (2)	0
SCHR-2010-009	Apr-10	ERNH	hMPV	2	7	13.2% (9)	15.7% (11)	0
SCHR-2010-010	Apr-10	ERNH	Respiratory Surveillance - Coronavirus					
SCHR-2010-011	May-10	WSCH	MRSA		0	5.9% (5)	0%	0
SCHR-2010-012	May-10	RMHC	Gastric - No organism identified	10	14	25.7% (9)	1.8% (1)	0
SCHR-2010-013	Jun-10	BHC	Entero/ Rhinovirus	19	10	57.7% (15)	4.3% (2)	0
SCHR-2010-014	Jul-10	ERNH	Respiratory Surveillance - Entero/Rhino & Coronavirus					
SCHR-2010-015 & 016	Aug-10	Oxbow GHC	Norovirus & Yersinia	3	6	31.6% (6)	3.4% (1)	0
SCHR-2010-017	Aug-10	MML	Gastric - No organism identified	6	9	24.4% (10)	0%	0
SCHR-2010-018	Aug-10	Oxbow GHC	Norovirus	4	8	42.9% (6)	13.9% (5)	0
SCHR-2010-019			No outbreak					
SCHR-2010-020		Community - Private Care Home						
SCHR-2010-021	Oct-10	WSCH	Entero/ Rhinovirus	18	19	25.6% (10)	17.1% (20)	1

Outbreak Number	Date	Facility Name	Organism Identified	Duration of Outbreak in Days	# of Days Facility Closed	Percent of Residents Affected (N)	Percent of Staff Affected (N)	# of Resident Deaths
SCHR-2010-022	Oct-10	ERNH	Entero/ Rhinovirus	5	10	7.6% (5)	2.7% (2)	1
SCHR-2010-023	Oct-10	Sunset Haven	Entero/ Rhinovirus	9	7	10.3% (4)	0%	0
SCHR-2010-024	Oct-10	DVL	Gastric Surveillance					
SCHR-2010-025		Community - Day Care						
SCHR-2010-026	Nov-10	WSCH	Entero/ Rhinovirus	10	7	8.8% (7)	4.3% (5)	0
SCHR-2010-027	Dec-10	RHC	Coronavirus	12	15	25% (6)	6.3% (2)	1
SCHR-2010-028	Dec-10	KMHC	Norovirus	2	0	75% (6)	35.7% (15)	0
SCHR-2010-029	Dec-10	Oxbow GHC	Gastric Surveillance					
SCHR-2010-030	Dec-10	MML	Respiratory - No organism identified	0	14	9.5% (4)	3.3% (2)	0
SCHR-2010-031	Dec-10	MML	Norovirus	8	14	33.3% (14)	14.8% (9)	0

WSCH	- Weyburn Special Care Home	WDL	- Kipling Willowdale Lodge
MML	- Moose Mountain Lodge	ERNH	- Estevan Regional Nursing Home
TV	- Tatagwa View	GHC	- Oxbow Galloway Health Centre
KMHC	- Kipling Memorial Health Centre	BHC	- Bengough Health Centre
DVL	- Wawota Health Centre	RMHC	- Radville Marian Health Centre
SH	- Carnduff Sunset Haven		

There were no reported influenza outbreaks in SCHR facilities in 2010.
There was a single Influenza A outbreak in the first quarter of 2011.

- **West Nile Virus (WNV)**
  Two human cases of WNV were reported in SCHR in 2010 and these were individuals were believed to have been infected in early August. There were a total of 5 WNV-positive mosquito pools for SCHR from July 25-August 14.

  Mosquito Surveillance - Infection Rates – Saskatchewan 2007 and 2010
  Infection rates in Culex tarsalis mosquitoes were low in 2010 (0.8%) and much more localized than in 2007.

RHA Overview

The mandate of SCRHA is to provide quality health services to the residents of South East Saskatchewan. SCRHA is accountable to the Minister of Health for the planning, organization, delivery and evaluation of health services provided within SCHR. The Regional Health Authority uses the operating name of Sun Country Health Region.

This annual report presents the Health Region's activities and results for the fiscal year ending March 31, 2011. It reports on public commitments made and other key accomplishments. Results are provided on the publicly committed strategies, actions and performance measures identified in the 2007-11 Strategic Plan.

The 2010-11 Annual Report provides an opportunity to assess the accomplishments, results, lessons learned, and identify how to build on past successes for the benefit of the people in SCHR.

SCHR reorganized its executive team in mid-2010-11, following resignation of the Vice President of Finance and Corporate Services. As of September, it has operated with an Interim CEO, Interim Finance and Corporate Services Vice President, and Interim Facilities Vice President.

Overview of Facilities and Programs

SCHR operates 28 facilities and a large number of programs for the 55,144 people in this Region.

Health Centres

with Long-term Care facilities

- **Bengough Health Centre**
- **Coronach & District Health Centre**
- **Fillmore Health Centre**
- **Gainsborough Health Centre**
- **Galloway Health Centre**
- **Lampman Health Centre**
- **Mainprize Manor & Health Centre**
- **Radville Marian Health Centre**
- **Wawota Memorial Health Centre**

Community Health Centres

- **Maryfield Health Centre**
- **Pangman Health Centre**

District Hospitals

- **St. Joseph's Hospital of Estevan**
- **Weyburn General Hospital**

Community Hospitals

- **Arcola Health Centre**
- **Kipling Health Centre**
- **Redvers Health Centre**

Inpatient Mental Health Unit

- **Tatagwa View**

Long Term Care Centres

- **Estevan Regional Nursing Home**
- **Moose Mountain Lodge**
- **New Hope Pioneer Lodge**
- **Sunset Haven**
- **Tatagwa View**
- **Weyburn Special Care Home**
- **Willowdale Lodge**

Community Health Services

- **Carlyle Community Health**
- **Weyburn Community Health**
- **Kipling Community Health**

Seniors' Housing Facility

- **Creighton Lodge** (transferred in June to local municipalities)

EMS Stations

- **Bengough**
- **Carlyle**
- **Carnduff**
- **Coronach**
- **Estevan**
- **Fillmore**
- **Kipling**
- **Lampman**
- **Maryfield**
- **Oxbow**
- **Pangman**
- **Radville**
- **Redvers**
- **Stoughton**
- **Wawota**
- **Weyburn**

In addition, SCHR provides a complex array of community programs and services including:

Programs & Services

- **Acquired Brain Injury Programs**
- **Acute Care**
- **Addiction Services**
- **Adult Community Mental Health Services**
- **Alternatives to Violence Programs**
- **Child and Youth Mental Health Services**
- **Communicable Disease Control**
- **Community Dietitian Programs**
- **COPS (Community Oncology Program of Saskatchewan)**
- **Dental Health Program**
- **Diabetes Program**
- **Health Promotion**
- **Home Care**
- **Immunization Programs**
- **Infection Control**
- **Injury Prevention Program**
- **Inpatient Mental Health**
- **Long Term Care**
- **Meals on Wheels**
- **Mental Health Home Care**
- **Mental Health Rehabilitation Services**
- **Mental Health Therapies Program**
- **Nutrition Program**
- **Palliative Care Program**
- **Parent Program**
- **Physiotherapy and Occupational Therapy**
- **Podiatry**
- **Primary Health Care services**
- **Psychiatry**
- **Public Health Inspection**
- **Public Health Nursing**
- **Respite Services**
- **Renal Program/Dialysis, CRI**
- **Speech Language Pathology (Child/Adult)**
- **Volunteer Program**
- **Wellness Clinics**
- **Wound Care**

MEDICAL STUDENTS WORKING - First year medical student, Janessa Grosenick, shares a laugh with her preceptor, Dr. Werner Oberholzer, in their office at Radville Marian Health Centre in Radville, where Janessa completed her Community Experience Placement in May. Sun Country Health Region and the physicians who work within its boundaries hosted five medical students, two residents and a JURSI student in the spring. The students need the opportunity to fulfill the community experience placement portion of their educational requirement.

Health Care Organization Relationships

SCHR funds Health Care Organizations (HCOs) to enhance or add to services provided. In most cases, HCOs complement the continuum of care for Regional residents and community-based services. They play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with SCHR goals, and are accountable through program and budget submissions, regular fiscal reporting, and annual audited financial reporting.

SCHR also provides flow-through funding for the following Health Care Organizations:

- **SMILE Services in Estevan** (Society for Maintaining and Improving Life in Estevan) - programming and support to young children, youth, individuals with challenging needs, seniors and low income families, with a focus on employment, quality housing and social acceptance of persons diagnosed with mental illness in the community.

- **Weyburn Group Home Society** - encourages employment, obtains quality housing and promotes the integration and acceptance of persons diagnosed with mental illness in the community.

- **Canadian Mental Health Association** - Community Resource Centre in Weyburn and prevocational programs to assist with the personal growth, support, community integration and re-entry into the work force of persons with mental illness.

- **Fillmore Ambulance Services**

- **Supreme Ambulance, Carlyle**

SCHR has a close working relationship and operating agreements with the following three Affiliate organizations:

- **St. Joseph's Hospital in Estevan** - 53 acute care beds, 34 long term care beds and 4 beds for convalescent, respite and palliative care.
- **Radville Marian Health Centre in Radville** - 49 long term care beds, three beds for convalescent, respite, palliative care, observation and assessment.
- **Sunset Haven in Carnduff** - 42 long term care beds, one bed for convalescent, respite and palliative care

Governance

The role of SCRHA is to govern the organization to fulfill the Mission and Vision of the organization.

The Regional Health Authority is responsible to uphold its fundamental principles and values and to determine organizational performance based on satisfactory outcomes.
Collectively, the job of SCRHA, which cannot be delegated, is to:

- Provide accountability to the residents for SCRHA activities.
- Provide the link between the organization and the community.
- Provide SCRHA highlights to the public following regularly scheduled meetings.
- Hold nine open RHA meetings for public attendance.

SCRHA will:

- Focus chiefly on intended long term impacts on the community outside the organization, not on the administrative or programmatic means of attaining those effects.
- Direct, control and inspire SCRHA through the careful deliberation and establishment of the broadest organizational values and perspectives. Policies will address:
  - the desired results;
  - the boundaries of prudence and ethics;
  - SCRHA roles and responsibilities and the Board-CEO relationship.
- Enforce upon itself and its members whatever discipline is needed to govern with excellence.
- Discipline will apply to matters such as attendance, policy-making principles, respect of clarified roles, speaking with one voice, and self-policing of any tendency to stray from governance adopted in SCRHA policies.
- Be accountable to the general public for competent, conscientious, and effective implementation of its obligations as a body. It will allow no officer, individual or committee of the SCRHA to usurp this role or hinder this commitment.
- Initiate policy, not merely react to initiatives.
- Monitor and regularly discuss the RHA's process or performance. Provide continuity of its governance by continuing education and development.
- Use the expertise of individual members to enhance the ability of the SCRHA as a body to make policy, rather than to substitute the individual's values for the group's values

Sun Country Regional Health Authority

SCRHA consists of up to 12 individuals from various communities within the SCHR who are appointed by the provincial government. The newly appointed Regional Health Authority (RHA) was put in place in February, 2009.

The Regional Health Authority

- **Sharon Bauche, Chairperson**
- **Marilyn Charlton, Vice-Chairperson**
- **Alan Arthur**
- **Lori Carr**
- **Vernon Palmer**
- **Debbie Pedlar**
- **Derrell Rodine**
- **Lorne Rygh (resigned June, 2010)**
- **Darlene StandingReady**
- **Karen Stephenson**
- **Eileen Tunall**

Committee Structure

The committees of the RHA exist to assist in decision-making to carry out their responsibilities. The RHA has one working committee. The Finance and Audit Committee is made up of all RHA members. The Committee oversees the management of all funds, in accordance with Saskatchewan Government guidelines and Generally Accepted Accounting Principles and auditing procedures and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation.

The President/CEO or designate provides administrative support to facilitate the work of the Committee. Meetings are held on a quarterly basis or at the call of the chair. Minutes of the meeting are distributed to all members of the RHA. Minutes of the meeting are maintained with RHA minutes. The Finance and Audit Committee reports to the RHA by submitting minutes.

Public Transparency

Maintaining public transparency is a process that is ongoing. Significant achievements include:

- Establishing a plan for disseminating information to staff members and community representatives about plans and directions.
- Development of strategies to provide regular and timely communication to the staff and the public through the Communications Department.
- Various presentations to staff and community groups about the organization and services offered.
- Making available the annual report, online and in hard copy.
- Meeting with community groups to discuss issues on a regular basis and provide education on services that are available.
- Regular meetings of the Regional Health Authority (RHA) are open to the public.

What We Do

A key role of SCRHA is to ensure strategic oversight by providing leadership that includes monitoring the performance of the organization. This means making sure the organization's strategic direction is consistent with the goals of the Ministry of Health and that performance measurement processes are in place to allow the organization to know if it is meeting the expectations set out in the plan and Accountability Document.

Standards of Conduct, Ethics and Values

SCHR operates within high standards of care, ethics and values. This high standard of care requires a continuous evaluation of programs and operations:

- SCHR employs staff members who follow Regional policies and Professional Codes of Ethics. All professional staff/physicians meet current registration requirements with their licensing bodies.
- Our values are evident in our staff, physicians and volunteers, who are our most valuable resource.
- We continue to affirm our commitment to meeting standards of excellence by participating in the Accreditation Canada process for health services organizations by comparing ourselves to nationally accepted standards.
- SCHR's insistence on client privacy and confidentiality means it has worked hard to implement the changes required to be compliant with the Health Information Protection Act (HIPA).
- SCHR's management philosophy promotes collaborative decision-making and co-operation, enabling staff at all levels to perform their jobs to the fullest with responsibility, accountability and authority.

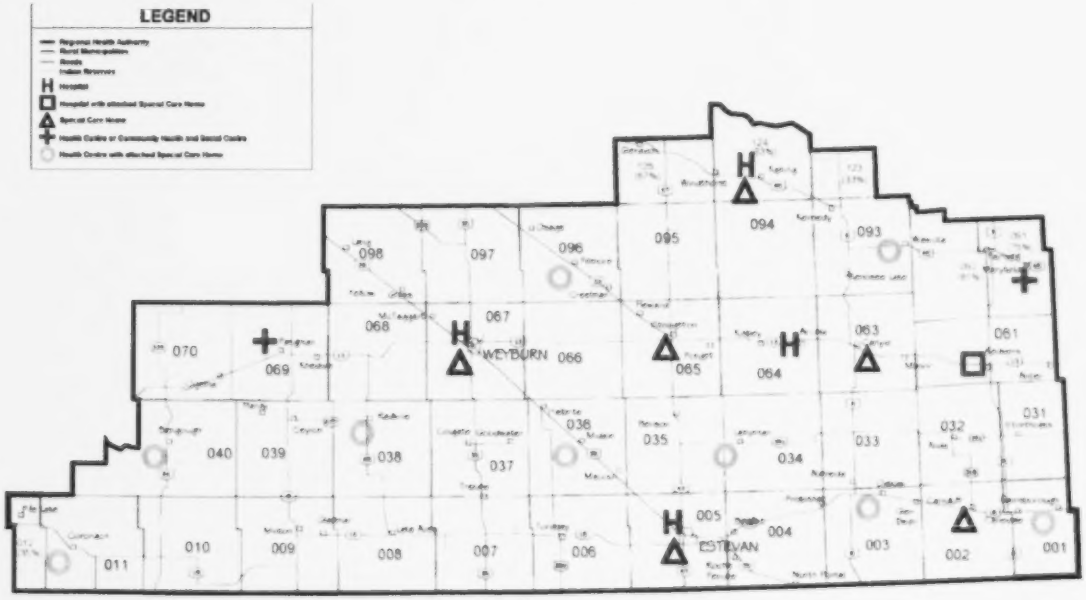
Health Advisory Networks

SCHR has established working relationships with community-based committees such as Community Foundations, Community Trust Committees, and Community Health Advisory Committees to accomplish the activities envisioned for the Health Advisory Networks.

SCHR has built relationships with the following organizations:

- **Bengough Health Advisory Committee**
- **Borderline Housing Company (1975) Inc.**
- **Brock Union Hospital Foundation Corporation**
- **Coronach Health Advisory Committee,**
- **Coronach Health Foundation**
- **Creighton Lodge Trust Committee** (transferred to Creighton Lodge Community Plan in Sept. 2010)
- **The Radville and District Health Centre Foundation**
- **Fillmore Community Health Advisory Committee**
- **Fillmore Health Centre Trust Committee**
- **Gainsborough & Area Health Centre Trust Committee**
- **Galloway Trust Committee**
- **Golden Years Suites**
- **Kipling District Health Foundation**
- **Lampman Community Health Centre Trust Committee**
- **Mainprize Manor & Health Centre Trust Committee**
- **Maryfield Community Non-Profit Corporation**
- **Moose Mountain Lodge Foundation**
- **Pangman Health Advisory Committee**
- **Radville Marian Health Centre Board of Directors**
- **Redvers & District Community Health Foundation Inc.**
- **St. Joseph's Hospital Foundation**
- **St. Joseph's Hospital in Estevan Board of Directors**
- **Wawota Health Care Foundation Inc.**
- **Weyburn and District Hospital Foundation Inc.**
- **The New Estevan Regional Nursing Home Committee**

Map of Sun Country Health Region



Progress in 2010-11

The Ministry of Health has set annual accountability expectations of SCHR for performance monitoring, regular reporting and performance assessment. SCHR reviews performance in the context of its Strategic Plan.

SCHR's Strategic Plan 2008-11 is articulated in the context of four overarching Goals.

SCHR Goals

1. Access to a defined range of quality health services through an integrated, coordinated and collaborative care model.

2. Healthy environments that allow residents of SCHR to live healthy, active lifestyles are promoted.

3. SCHR is a healthy, safe workplace able to attract, support and retain a competent, skilled and engaged workforce.

4. SCHR provides health services through a sustainable, efficient and accountable system.

Ministry of Health Goals

SCHR has also made progress toward implementing the five pillars of Health Care which make up the Ministry of Health's Strategic Operational Directions (SOD).

Each of the items indicating progress in the following pages supports one of the five pillars, which are:

1. Health of the Individual
2. Health of the Population
3. Providers
4. Sustainability
5. Supportive Processes

DEMONSTRATING EQUIPMENT: Nurse Practitioners Jeannie Daku, left, and Lois Coffey in the Carlyle Primary Health Clinic demonstrating a piece of diagnostic equipment they use for their patients.

Goal 1 – Access to a defined range of quality health services through an integrated coordinated and collaborative care model and provide a culture of patient/resident/client safety

This goal supports the Ministry of Health Strategic Operational Directions (SOD) for Goal 1 – Health of the Individual:

1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.

1.2 Achieve timely access to evidence-based and quality health services and supports.

1.3 Continuously improve health care safety in partnership with patients and families.

Strategy: Establish programs of best practice for enhanced care services within SCHR.

Results: **Mental Health & Addictions**

Mental Health and Addiction services are currently provided to the residents of the Sun Country Health Region by teams of staff located in Weyburn, Estevan, Arcola, Kipling and Wawota. These services are divided by program, and are comprised of *Child and Youth,(including Autism Spectrum Disorders and Speech Language Pathology) Adult Community, Rehabilitation, In Patient, and Addictions*. The Region also contracts the services of three Psychiatrists.

SCHR is gradually encompassing all Regional Intake services with a plan for 2011-12 to incorporate Regional Addictions Programs.

There were 1,572 individuals who contacted Addictions offices requesting services in 2010-11, for an average of 131discrete clients/month. The average amount of time spent with a person calling for the first time requesting services is 40 minutes.

Results: **TeleHealth**

Telehealth is being used by Psychiatry and Psychology for direct patient consultations. All program staff are utilizing Telehealth more for Regional Grand Rounds, admission and discharge planning, case/program conferences and distant education.

Results: **Customer Service Expectations**

Orientation continues throughout SCHR on customer service expectations.

Results: **Surgical Discharge Planning Initiative**

SCHR Home Care is represented, along with a Facility representative, on the provincial Discharge Planning Working Group, initiated in the fall of 2010. This group has been established to consider the barriers to timely and appropriate discharge from facility to facility and facility to home/community.

Rural West Primary Health Care team is exploring discharge processes with the expectation that initiatives are shared with and interface with the provincial planning model once it is developed.

Results: **Health System Transformation**

Weyburn Big Muddy MLA Dustin Duncan officially opened the Primary Health Rural West site in Bengough on March 13, 2011.

Medical Health Officer Dr. Shauna Hudson represented SCHR on a tour of Alaska to view South Central Foundations system of healthcare. Some of the objectives are to get a history on how they implemented a system change, established governance and an overview of their core philosophy and journey of change.

Results: **Falls Prevention**

The spread of Long Term Care Fall Prevention program continues throughout the Region.

Results: **Infection Control**

The Dave Galloway Award was presented to the MRSA Collaborative team at the annual SCHR Patient Safety Conference. The team consisted of Infection Control, Nursing and Environment Services Staff. Members from the Environmental Services department were front line workers.

The MRSA Collaborative team looked at improved cleaning practice to reduce the spread of MRSA in Sun Country Health Region facilities. Education was provided to all cleaning staff across the Region. Monthly cleaning audits are conducted to ensure we continue to maintain our goals.

Hand Hygiene education was also provided to staff throughout the Region. It is compulsory that all new staff members are educated in proper hand hygiene. This initiative will also help to stop the spread of infections or disease. Hand Hygiene audits are conducted Region-wide to ensure compliance.

Results: **Home Care Assessment Process**

SCHR utilizes a nationally and provincially approved electronic tool to assess and case manage the clients referred to the Home Care program. Professional case managers are trained to administer the Resident Assessment Instrument for Home Care and to analyze the client information, using their clinical expertise. They work with clients and their caregivers to coordinate Home Care services and/or advise referrals to other providers/organizations. 1,023 clients were assessed in the 2010 - 2011 year.

In 2010-11, the Region provided the case managers with wireless equipment to replace the laptops with a more portable and user friendly device. Besides improving the assessment process it is anticipated that the devices will be downloaded with such resource materials as drug handbooks, skin and wound protocols and other assessment/nursing manuals.

An example of the data that can be obtained from the RAI-HC assessment is the Depression Rating Scale (see Figure 16). A score of 3 or greater indicates potential for depression. The care managers plan with clients/caregivers to determine cause(s) of the depression and ways to mitigate or eliminate those causes. Medication management, volunteer services, and mental health support are just some of the programs that might be utilized.

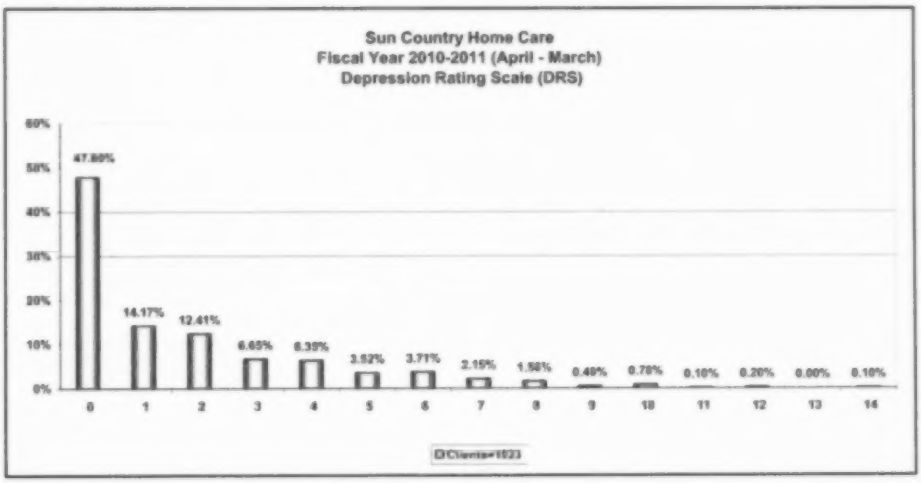


Figure 16: Depression Rating Scale

Brenda Stein, RN, left, part of the Releasing Time to Care Unit at Weyburn General Hospital, shows the Ward Vision adopted by the whole team as the first step in the project. Michelle Murphy, right, Quality Improvement Consultant with the Saskatchewan Health Quality Council, is one of the people helping the team. Three units within the Region were RTC units before the end of the fiscal year.

Strategy: Residents have access to ongoing care from a primary health care provider.

Results: Primary Health Care

Improving access to quality health services through collaborative team based primary health care is a priority initiative in SCHR. Depending on the needs of a patient the care team may include a Physician, Nurse Practitioner, Medical Office Staff, Pharmacist, Home Care Nurse, Mental Health Social Worker, Mental Health Nurses, Dietitian, Diabetes Educators, Physiotherapist, Occupational Therapist, Speech Language Pathologist, etc.

Currently, there are four (4) primary health care teams in the Region including:

- Carlyle Primary Health Centre Team
- Lampman/Midale Primary Health Centre Team
- Maryfield Health Centre Team
- Rural West Primary Health Care Team

The Carlyle Primary Health Centre team has integrated Diabetes Clinics, Spirometry Clinics, Vascular Clinics and Mental Health Services. Integrated services means that a patient gets many of their care needs provided at each appointment because the most appropriate care provider is available. Health records are shared between providers so communication is improved and patients don't have to repeat their history.

The Lampman/Midale Health Centre team has integrated Diabetes Clinics and Spirometry Clinics. Priorities for the team have included finding new ways to get patient feedback such as a comment box and using a communication board to report progress.

The Maryfield Health Centre team has integrated Diabetes Clinics and depression care. The Maryfield Holistic Health Team guides the priorities for the team. It has representatives from a variety of community programs and services. The priorities for the Maryfield team have included the Read to Me literacy program and community safety initiatives such as the PARTY program.

The Rural West Primary Health Care Team was established in 2010. The team provides services to the geographic area surrounding the communities of Bengough, Pangman, Ogema and Radville. An electronic health record has been implemented. It will improve communication between team members across the large geographic service area and patients will benefit from safer and timely care. Community consultations, held last winter, provided the community an opportunity to inform the team about the community's strengths, needs and service priorities.

All Primary Health Care sites are working to improve access to their services and programs by applying the principles tools of Clinical Practice Redesign (CPR). CPR is considered an important step towards reducing wait times, increasing office efficiencies, improving patient experience and increasing provider satisfaction. Measures are collected to show that improvement is happening including: 3rd Next Available Appointment; No Shows and Cancellations and patient and provider satisfaction surveys.

- 3.45 days – average # of days before the 3rd Next Available Appointment (averaged data from 2 primary health care sites)

Improvements in access are supported through interdisciplinary learning opportunities. A workshop on Advanced Access was held in Weyburn last winter with over 20 participants. The Improving Access Network has representatives from across the Region that learns and shares together as they work toward providing patients with access to care on their day of choice.

Primary Health Care and Chronic Disease teams are involved in several initiatives aimed at engaging patients in their care. Current initiatives include: patient representatives on the Depression Working Group, Diabetes Working Group and the Live Well™ with Chronic Conditions Advisory Committee; Patient Journey Mapping by the Rural West Primary Health Care team; and Patient Satisfaction Surveys are completed by the primary health care teams and Chronic Disease teams. An orientation program for patient representatives is being developed.

Below are sample results from patient satisfaction surveys completed in 2 primary health care teams:

- Care provided met expectations – 52% reported yes
- I am given exactly the help I need/when I want/need it – 21% reported yes

Results: **Chronic Disease Prevention and Management**

Early Detection Chronic Kidney Disease (CKD) – The CKD pilot program was set up to establish close to home access, for patients in the early stages of CKD, to a CKD Team for evidence based care. The pilot program ran from November 2010 until April 2011. There is an evaluation plan for the pilot program which includes measuring key indicators including: percentage of patients that should not have been referred, 75% of patients having a blood pressure less than 130/80, results from the patient and provider survey, wait time from referral to initial appointment, 85% patients having a self-management goal, 100% of patients identified in stage 4 and 5 - referral to nephrologist is recommended by the team, and 100% patients having a medication review during their initial appointment. Funding was received to make the pilot a permanent program in Weyburn.

Diabetes – The diabetes program has developed a Diabetes Education Module. This module has been developed to provide an opportunity for Sun Country Health Region staff to enhance their diabetes knowledge through self study. The material in the module reflects and supports the Canadian Diabetes Association 2008 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada and the International Diabetes Federation Professional Education Curriculum. The study module is available to staff beginning in the fall of 2011.

Cardiac Rehabilitation – Using Telehealth, the Region was able to broadcast the Regina Qu'Appelle Health Region's cardiac education sessions for the public. These sessions cover understanding heart disease, how to recognize and reduce risk factors, strategies to reduce stress, heart smart diet and nutrition, cardiac medications, and the benefits of exercise and activity. The Heart to Heart program continues to run out of the Estevan and surrounding area. The Region is exploring a home-based cardiac rehabilitation program for patients following a heart attack or heart surgery. Home-based cardiac rehabilitation programs have similar outcomes as the traditional inpatient programs and are suitable for rural Health Regions.

Peripheral Vascular Disease – the interdisciplinary Carlyle Vascular Clinic Team at the Carlyle Primary Care Clinic received training on enhanced ultrasound risk assessment. This type of ultrasound allows the team to be able to measure vascular disease that they were previously

unable to measure. Part of the spread plan for peripheral vascular disease assessments is to train health care staff so they can provide vascular clinics in other parts of the Region. The Carlyle Vascular Clinic Team along with the Skin and Wound Nurse from Home Care is leading this initiative.

Chronic Obstructive Pulmonary Disease (COPD) – To sustain and spread the improvements in the care that were realized through participation in Health Quality Council's Chronic Disease Management Collaborative II, an interdisciplinary COPD working group was formed to address priority areas. The priorities include: certified training for staff and practitioners providing spirometry testing and spirometry interpretation, increasing the number of pulmonary rehabilitation programs and the use of COPD action plans. Through a partnership with the SK Lung Association, physicians, nurse practitioners and other allied health professionals were trained to interpret the results of spirometry. Certified training for conducting spirometry testing is planned for 2011.

Depression – To sustain and spread the improvements in Depression care that were realized through participation in Health Quality Council's (HQC) Chronic Disease Management Collaborative II, an interdisciplinary working group was formed. The working group is addressing the priority areas identified for improving depression care. The priorities include: practitioner and staff education on evidence based practice for depression care including the use of the PHQ-9 depression screening tool; promotion of the Depression Self-Management Toolkit; and expansion of depression support groups. The working group is privileged to have a patient representative who is providing valuable insight and guidance.

Live Well™ with Chronic Conditions – The Live Well™ with Chronic Conditions program is a self-management support program. It provides people living with a chronic condition and their caregivers an opportunity to learn and share ways to take control of their chronic condition. The Region has 10 trained peer leaders who are leading sessions in various communities throughout the Region. Two master leaders have been trained and this will allow peer leaders to receive their training locally. The Live Well™ with Chronic Conditions program is a provincial initiative with local guidance provided by the SCHR Live Well™ with Chronic Conditions Advisory Board. The main objectives for the upcoming year are to train more peer leaders and offer the program in more communities.

Results: **South Saskatchewan Stroke Care Network**

SCHR, along with the other Regions in the network, is involved in a pilot project involving telehealth utilization for Stroke client assessments, consults and discharge planning. St. Joseph's Hospital is the site for our pilot.

A SCHR Working Group meets to discuss ways to disseminate information and implement strategies.

Strategy: Promote a culture of patient/resident/client safety.

Results: **Infection Prevention and Control**

Completed a Regional Health Authority-approved operational plan for infection prevention and control that ensures SCHR is in compliance with the Canadian Standards Association (CSA)

standards and Accreditation Canada's required operational practices (ROPs) and standards for infection prevention and control (relevant CSA standards are those pertaining to construction and renovation, and to reprocessing and sterilization).

Collection and compilation of Regional infection surveillance rates which are calculated in accordance with the performance measures set out by Accreditation Canada.

Implemented a new prophylactic antibiotic audit process for surgical site infections in partnership with acute care to complement the activities related to the prevention of Surgical Site Infections (SSI) through implementation of a care bundle from Safer Healthcare Now.

Establishment of the SCHR Construction & Renovation Infection Control Sub-Committee to review best practice guidelines for construction, renovation and maintenance projects and ensure compliance with Canadian Standards Association Standard CSA Z317.13-07.

Expanding Regional initiatives to improve Hand Hygiene compliance.

Developing initiatives to reduce the incidence of healthcare-associated infections (HCAI) through:

- Decreased MRSA colonization and infection rates in SCHR facilities;
- Increased compliance with HCAI reporting;
- Consistent reporting of HAI rates for staff and public awareness;
- Early reporting of health care facility outbreaks;
- Increased compliance with point of care alcohol hand rub access leading to improved hand hygiene practices in all staff; and
- Development of Hand Hygiene Program for SCHR for managers to use with their staff (education to the Powerpoint education tool and audit tool was provided to all Regional managers).

Results: Medication Reconciliation

Medication reconciliation is a structured process where health care professionals partner with clients, families, and caregivers for accurate and complete transfer of medication information at transitions of care. Medication reconciliation reduces medication discrepancies and the potential for patient harm. Medication reconciliation, when fully implemented, will also save time for physicians, nurses, and pharmacists.

SCHR submitted a plan to spread Medication Reconciliation to the Regional Health Authority and the Ministry of Health in November 2010. The plan outlined education sessions for medication reconciliation and the measures that will be utilized to monitor our progress. The plan is being implemented with five SCHR facilities receiving training between January and March 2011. Staff in the remaining facilities will be visited before December 31, 2011.

Home Care has established a comprehensive process to support clients in their homes and as they move through the various health care institutions. The ultimate goal of medication management is to prevent adverse drug events by obtaining accurate lists of all home medications, reconciling them with physician orders and following up on discrepancies. This is a team effort including the client/patient/resident (and/or caregiver), the physician, the pharmacist, facility and Home Care nurses, Special Care Aides and Home Care Aides.

384 clients are currently receiving medication assistance from Home Care staff – 13% of all active Home Care clients.

Goal 2 – Healthy environments that allow residents of SCHR to live healthy, active lifestyles are promoted.

This goal complies with the Ministry of Health Strategic Operational Directions (SOD) Goal 2 – Health of the Population:

2.1 Improve population health through health promotion, protection and disease prevention.

2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities.

Strategy: Support the development of healthy active communities through education on personal choices and their impact on health status. Support and develop broader healthy public policies.

Results: **Improve Immunization Rates**

The Public Health team achieved immunization coverage rates in the infant, childhood, and school population that exceed the overall provincial immunization coverage rates and for many of the vaccine programs SCHR has the highest coverage rate in Saskatchewan.

The Public Health team in partnership with physicians/RNNPs and facilities providing obstetrical services implemented immunization services to provide Tdap booster immunizations for new parents to protect newborns and infants from pertussis (whooping cough) infection (cocooning strategy).

The Public Health team in partnership with SCHR acute care facility managers implemented and delivered Tdap booster immunizations to protect specific groups of health care workers at higher risk for pertussis (whooping cough) infection. Immunizing health care workers and physicians reduces the likelihood of transmission of pertussis in health care facilities if an outbreak occurs and secondarily protects hospitalized newborns and infants from pertussis.

The Public Health team in partnership with Infection Control, and SCHR facility and program managers maintained high influenza immunization coverage rates in the residents of SCHR special care homes and its health care workers. These influenza immunization coverage rates are some of the highest in Saskatchewan.

The Public Health team in partnership with physicians, SCHR facility and program managers sustained the pre-pandemic efforts to optimize pneumococcal immunization coverage rates in the residents of SCHR special care homes and other high risk adults.

SCHR's 2009/2010 immunization coverage rates exceeded the overall Saskatchewan coverage rates in the 2 year old age group. Its coverage rates for each antigen are consistently among the highest in the province. Some of the SCHR up-to-date coverage rates for 2 year old children are:

- MMR (mumps, measles and rubella) vaccine coverage in SCHR was 81.9% compared to 69.1% for Saskatchewan (range 59.2% to 81.9%).
- Meningococcal C vaccine coverage was 92.3% compared to 85.8% for Saskatchewan (range 80.2% to 100%).
- Chickenpox (varicella) vaccine in SCHR for 2 year old children was 86.8% compared to 82.4% for Saskatchewan (range 77% to 88.7%).

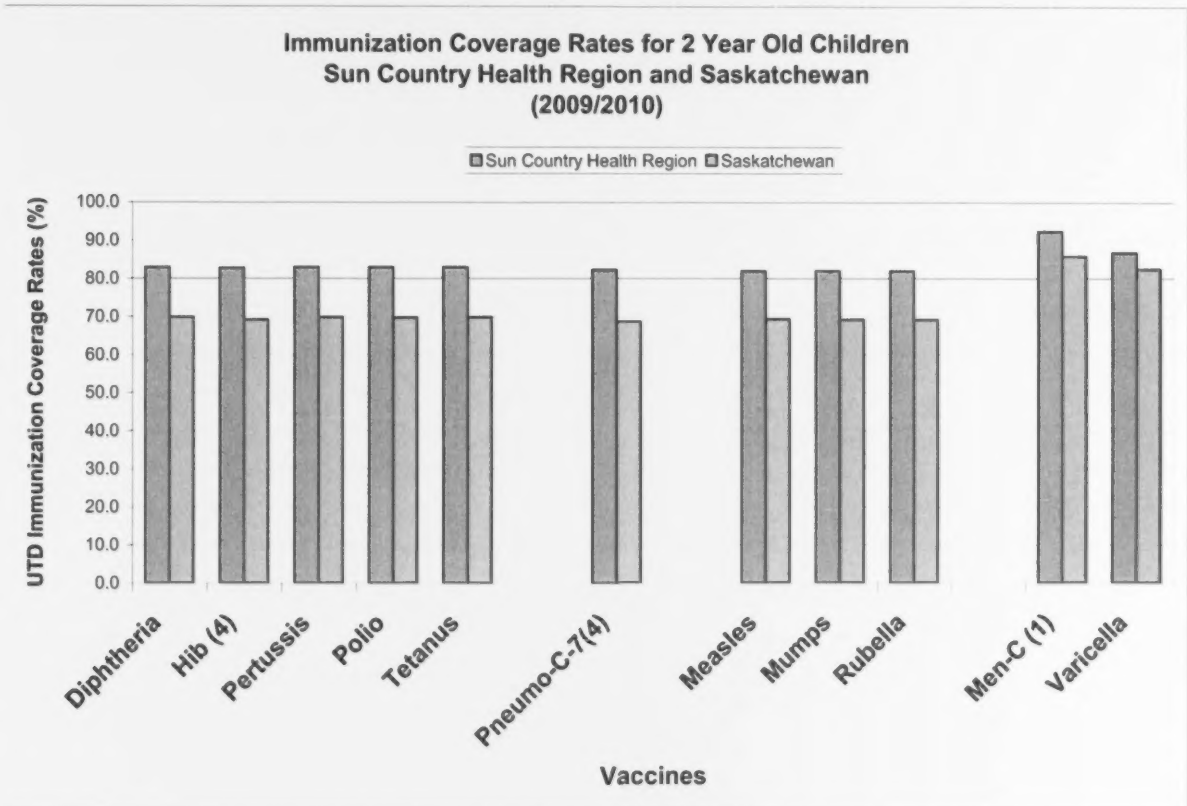


Figure 17: Immunization Coverage Rates for 2 Year Old Children
Source: Immunization Coverage Rates for Two Years Old Registered in SIMS by Regional Health Authority in Saskatchewan (2009/2010), Saskatchewan Ministry of Health

Up-to-Date Immunization Coverage Rates in Grade 6 Students in SCHR

SCHR also achieves high immunization coverage rates in the Grade 6 birth cohort (1998 for this report) as evidenced by this selection of coverage rates:

- SCHR's coverage rate for Hepatitis B (83.4%) and Men C (82.8) vaccination in the Grade 6 cohort exceeds the overall rates of 76.9% and 74.4% for Saskatchewan respectively.

- The HPV (human papillomavirus) vaccine program was new in 2008/9 and SCHR achieved the highest coverage rate in the province for the first year – 71% compared to 58% for Saskatchewan overall. For 2009/2010, the SCHR coverage rate for the HPV vaccine for the 1997 and 1998 birth cohort was the highest overall in the province at 76% and 69% for three doses received compared to 67% and 59% for Saskatchewan overall.

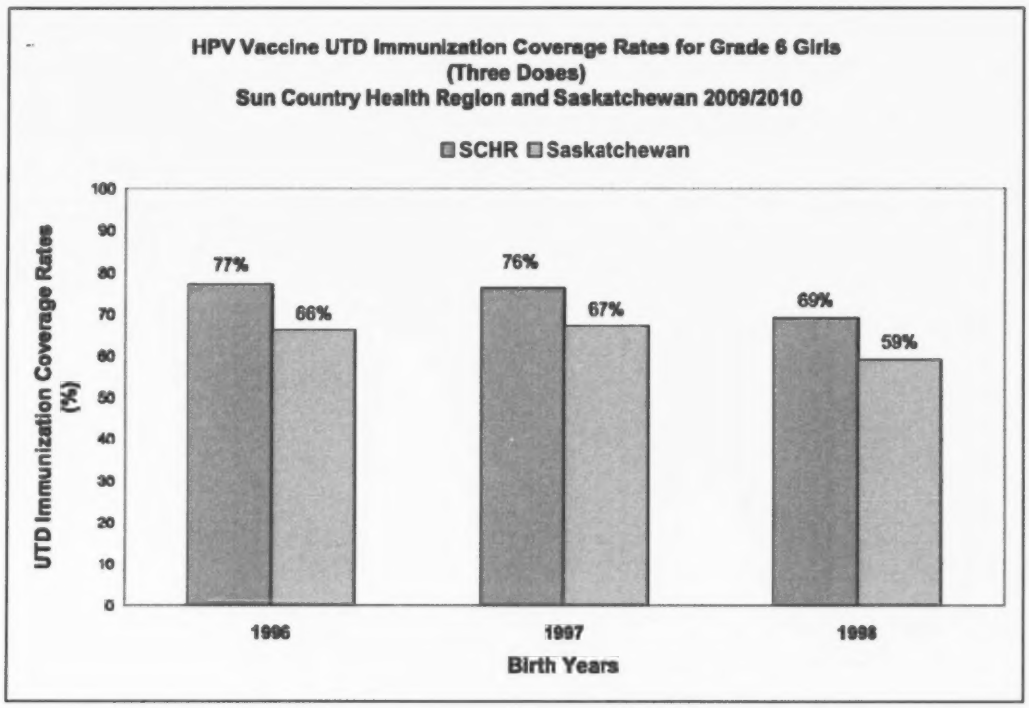


Figure 18: Selected Immunization Coverage Rates for Grade 6 Students, 2009/2010
Source: Saskatchewan Ministry of Health, 2010

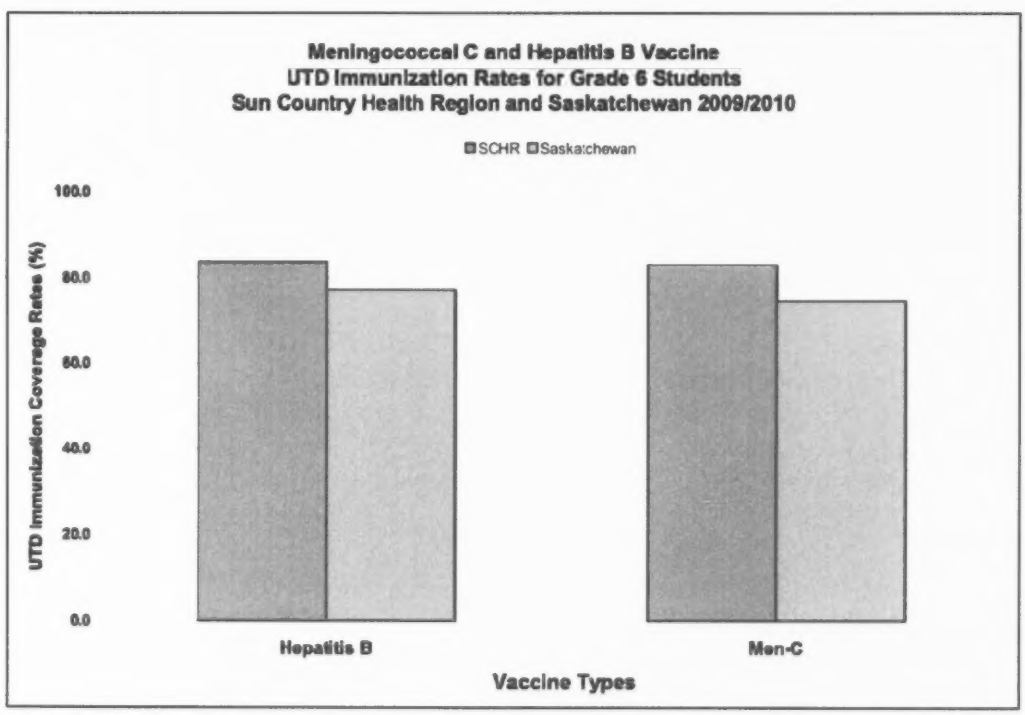


Figure 19: HPV Immunization Coverage Rates for Grade 6 Students by Birth Cohort – 1996, 1997, and 1998
Source: Saskatchewan Ministry of Health, 2010

Adult Tdap Immunization Program Indicators for SCHR

Saskatchewan is experiencing a rising incidence of pertussis disease in infants. The Saskatchewan Ministry of Health will implement an adult dose of Tetanus Diphtheria acellular Pertussis (Tdap) vaccine for mothers of infants born on or after April 1, 2010.

Tdap immunization for eligible health care workers (HCW) who provide direct care to infants and pregnant women (e.g. obstetrics, nursery, child health, etc) was initiated in December 2010. To date the immunization has been offered via public health services at St Joseph's Hospital in Estevan, Weyburn General Hospital and Arcola Health Centre.

Immunization has been offered to 394 eligible HCWs and 168 Tdap immunizations for these HCWs have been provided (coverage rate of 42.6%). See the table below for coverage rates for the three acute care facilities. Clinics for eligible HCW in other sites (Redvers, Kipling, Oxbow) will be completed in 2011.

A cocooning program began in June 2010. SCHR Public Health Nurses have provided 647 doses of vaccine to the eligible care givers of newborns. In addition, SCHR mothers may have received Tdap vaccine in hospitals in other Health Regions where they were immunized following delivery – the immunization registry indicates over 900 adult care givers in SCHR have received Tdap vaccine.

- 81.9% of all SCHR employees were immunized with seasonal influenza vaccine in 2010/2011 (the overall immunization coverage rate was calculated based on the total number of active SCHR employees – inactive staff were excluded).
- The 2010/2011 immunization coverage rates for SCHR long-term care/special care home (LTC) residents are:
  - The resident influenza immunization rate is 90.9% (facility rates range from 78.9% to 100%). The coverage rate in 2009 was 92.5% (facility rates range from 78.3% to 100%). Eight LTC facilities had an increase in coverage rates, seven had a decrease and three remained the same as last year.
  - The resident pneumococcal vaccine coverage rate is 91.6% (facility rates range from 73.7% to 100%) and compares to the coverage rate in 2009 which was 92.5%.

Protecting staff from seasonal influenza also serves to protect the residents in long term care, our acute care patients, and our clients.

- The 2010/2011 overall influenza immunization coverage rate for SCHR acute care staff by health care facility is 79.3% (compared to 76% for LTC staff) and individual facility rates are shown in the table below.

The influenza immunization coverage rate for employees working in SCHR LTC facilities in 2010/2011 was 76% (facility rates ranged from 56% to 100%) compared to the LTC HCW coverage rate in 2009 which was 82.4% (ranged from 41.7% to 100%). Seven LTC facilities had an increase in coverage rates, ten had a decrease, and one remained the same as last year.

- In 2010/2011, the following influenza immunization coverage rates for the community based program show 61.8 % of the SCHR population 65 years of age and older were immunized with seasonal influenza vaccine.

Adult Pneumococcal Immunization Program
In the summer of 2009, responding to the emergence of a novel influenza A virus (H1N1) and in preparation for the fall influenza season Public Health worked in partnership with physicians and nurse practitioners, staff in LTC facilities, acute care facilities, Home Care, Mental Health and Addictions, and the dialysis program at St. Joseph's Hospital to increase coverage of at-risk individuals who were eligible for pneumococcal vaccine through the Enhanced Pneumococcal Immunization Program.

Efforts to enhance the immunization coverage rates for pneumococcal vaccine in LTC residents were maintained through 2010/11:

- The resident pneumococcal vaccine coverage rate in 2010/2011 was 91.6% (facility rates range from 73.7% to 100%) and compares to the coverage rate in 2009 which was 92.5% (see the table - Influenza and Pneumococcal Immunization Coverage Rates for LTC Residents 2010/2011).

In the community setting, Public Health Nurses provided pneumococcal vaccine to clients who presented at their clinics and in follow up to community program and facility referrals.

- Public Health Nurses (PHNs) immunized 329 people aged 65 years of age and older compared to 312 in 2009/2010.
- PHNs immunized 167 individuals (< 65 years of age) who were medically at risk compared to 113 in 2009/2010.

Strategy: Health promotion and disease prevention programs are delivered within SCHR.

Results: Public Health Inspection

The robust economy in SCHR has increased the demand for public health inspection services such as subdivision reviews, plumbing /sewage system inspections, and housing consultations/inspections. The table below under measurement results indicates some of the inspection rates for selected facilities that SCHR licenses with a comparison to Saskatchewan. In 2010-2011, Public Health Inspectors in SCHR provided a wide range of services as part of their legislated and non-legislated responsibility to protect the health of SCHR residents:

- Nine FoodSafe (food handler) classes were held throughout the Region (9 in 2009/10). An additional 22 people took an on-line version of the course and were also certified. 103 high school students took the course at school and were also certified. Every person that receives a FoodSafe certificate is entered in a provincial data base - 234 people received FoodSafe certificates (164 in 2009/10).
- 84 subdivision proposals were reviewed and commented on (50 in 2009/10).
- Public Health Inspectors conducted 322 plumbing and private sewage disposal system inspections (264 in 2009/10). More stringent provincial standards for subdivision approvals and private sewage disposal system design have increased the amount of time spent on these activities.

Public Health Inspection staff concentrated on inspections of food related facilities and in spite of staff shortages achieved a nearly 100% inspection rate for public eating establishments, higher than the provincial average. Although the Ministry of Health has established annual inspections of these facilities as the required target many facilities were inspected on a more frequent basis.

Inspection frequencies for other facility types in the Region were based on risk assessment and public health inspection resources.

2010/2011 Public Health Inspection Rates for Facilities in SCHR

	Sun Country Health Region		Saskatchewan	
Type of Facility	Number of Premises	Percentage with One Inspection	Number of Premises	Percentage with One Inspection
Public Eating Establishments	324	98.1	5695	96.7
Licensed Accommodations*	127	70.1	1782	86.9
Slaughter Houses	9	100	76	94.7
Swimming Pools**	31	87.1	266	97.4
All Licensed Facilities	527	89.9	8072	94.5

Source: Public Health Office, SCHR
* Hotels and motels are licensed for 2 year periods and are inspected every 2 years.
** Some pools were not in operation.

Strategy: Support children and families to live in a safe, healthy environment

Results: Southeast Regional Intersectoral Committee

There are two key initiatives that the Regional Intersectoral Committee is focusing on:

- Understanding the Early Years (UEY) Partnership
- 40 Developmental Assets

The Southeast Regional Intersectoral Committee (RIC) includes Regional representation from Health, Education, Social Services, Justice and others. The 3 year Prairie Children...Prairie Futures Understanding the Early Years (UEY) project began in 2007 and ended at the end of March 2010. UEY is a national initiative aimed at strengthening the capacity of communities to use quality local research to help them make decisions to enhance children's lives. The project is community focused involving children, parents, teachers, schools, community agencies, health, business and government.

The Southeast RIC held two leadership forums in Weyburn and Yorkton to present the Regions' Understanding the Early Years (UEY) results and to debut our Community Mapping Report. The 3 main areas of focus of our UEY project in the Southeast are:

- To build knowledge of child development and parent and community factors (resources, supports, services) that support healthy child development and learning;
- To mobilize communities to take action based on local research evidence, to improve the developmental outcomes, well-being and competence of the communities' children;
- To develop and implement a framework for monitoring the Community Action Plan in working towards sustainability of healthy development of children.

In the Southeast RIC region, 1815 kindergarten children were surveyed for school readiness using the Early Development Instrument (EDI) and results show compared to the Canadian norm, kindergarten students are more likely to be considered 'vulnerable' in the domains of physical health and well being and language and cognitive development, and equally or less likely to be 'vulnerable' in terms of social competence, emotional maturity, and communication skills and general knowledge.

- 21% of children surveyed were of Aboriginal decent compared to the national norm of 3.8%.
- Overall, one in four, or 461 children are vulnerable in at least one domain, and half of these children, or 227, are vulnerable in two or more domains.
- In the domain of physical health and well being, 16 of 27 study areas are at or above the norm in terms of the percentage of children considered 'vulnerable,' followed by 15 in the domain of language and cognitive development, 10 for emotional maturity, 8 for social competence and 4 for communication skills and general knowledge.
- The percentage of children considered 'vulnerable' in at least one domain ranges across study areas from 9.6% to 57.3%.
- Nine study areas have a higher than normal percentage of children considered 'vulnerable' in two or more domains, with the proportion in this category ranging from 0 to 30.5%.
- Overall, study areas with higher social risk did not have more children considered 'vulnerable,' nor was greater access to and availability of resources associated with lower levels of vulnerability.

Strengthening the supports for early years is, and will continue to be, a priority for the RIC as it continues to work with partners. Dissemination of the data to the communities incorporating a team approach will begin in June 2011.

Strategy: Support children and families to live in a safe, healthy environment.

Results: 40 Developmental Assets

The 40 Developmental Assets is a list of experiences and opportunities that young people need in order to grow up healthy, caring and responsible. The 40 Developmental Assets are based on many years of research conducted by the Search Institute. The more assets a child/youth has, the more likely they are to thrive (succeed in school, maintain good health, etc) and the less likely they are to engage in risk taking behaviors (drugs/alcohol, violence, etc). Assets have power for all young people, regardless of their gender, economic status, family situation, or race/ethnicity. The "asset" approach contributes to the overall health of individuals, families, communities and Regions.

Students from public and Catholic school divisions in SCHR completed Search Institute's surveys that measure the number of assets in a young person's life. Results are showing many areas of strengths, but also areas that need improvement. Below are some of the results that the Attitudes and Behaviors Survey (grades 6-12) revealed:

- 72% of youth surveyed report that their family life provides a high level of love and support.
- 79% of youth surveyed report that they are "optimistic" about his or her personal future.
- 18.9 (less than half of the 40 assets) is the average number of assets reported.
- 26% of youth surveyed perceive that adults in the community value young people.

- 70% of youth report that they value honesty and tell the truth, even when it is not easy to do so.
- Girls report a higher number of assets than boys for 37 out of 40 assets.
- 26% report that they know how to plan ahead and make choices.
- The average number of assets per youth continually decreases through grade 6 to 11, and only slightly increases from grade 11 to 12.

In SCHR, the 40 Developmental Asset approach is being infused in a variety of ways. SCHR has been involved with over a dozen schools in Southeast Cornerstone School Division and Holy Family Roman Catholic School Division to promote the 40 Developmental Assets. Education on the developmental asset framework has been provided to various groups including School Community Councils, ministerial, community groups, students and young people, policing organizations, school divisions, media personnel, and other groups. In addition to education, Health Promotion Coordinators have provided consultation, facilitation, and resource services on the 40 Developmental Assets within SCHR. This work is being carried out within schools, various groups and organizations, and communities.

Health Promotion Coordinators will continue to support communities in enhancing the 40 Developmental Assets as a means of improving the health and well being of SCHR's populations.

Results: **Autism Spectrum Disorder (ASD) Program**

In 2010 the ASD Support worker began training in a one year pilot project from the University of New Brunswick. The training offered is based on Intensive Behavioral Intervention and the instructors who teach in the program are committed to evidence-based interventions.
The Provincial goal is to train ASD Consultants to assess, evaluate and deliver evidence supported ASD interventions and strategies to children with ASD; and to train ASD Support Workers to effectively use evidence supported intervention methods and strategies with children with ASD. SCHR currently has 109 children registered with ASD and receive services from either the consultant, support worker or both.
The ASD program will receive $10,000/year for 3 years as part of the Ministry of Health enhancement initiative.

Strategy: Families in need are supported.

Results: **Addiction Program**

2010-11 is the second year operating the Community Supports Program. Additional funding provided by the Ministry in 2009 allowed the Addiction Program to hire staff, initially rent 2 apartments in Estevan and develop a transitional recovery program providing intensive, structured, supportive recovery services to adult male and female relapse prone individuals requiring intensive long term care. Clients may remain in transitional housing for up to one year. The program has been well received and due to the rental units operating on a partial cost-recovery basis the program has expanded to three rental units this fiscal year.

QUALITY IMPROVEMENTS - The winners of Sun Country Health Region's 2010 Dave Galloway Award are, from left to right, standing, Shirley Wheeler, Regional Director, Environmental Services; Janice Giroux, Vice President, Community Health. Sitting are Cheryl Harrison, Nurse Manager, Dialysis Unit; Mary Anne Veroba, Director, Patient/Resident Care, St. Joseph's Hospital; Michelle Luscombe, Infection Control Nurse. Team members not in the picture are Darlene Champagne, Brenda Freeman, Sharol Lansberry, Debbie Donald, Jean Piel, Theresa Lasko, Karen Goudy, Kristin Bahsler. The award was for the introduction of a more thorough cleaning process to control, reduce and prevent MRSA infections in Sun Country Health Region facilities. The award was created in honour of the late Dave Galloway, who was a long time director of Continuous Quality Improvement (CQI) and strategic planning in SCHR.

Goal 3 – SCHR is a healthy, safe workplace able to attract, support and sustain a competent, skilled and engaged workforce.

This goal complies with the Ministry of Health Strategic Operational Directions (SOD) Goal 3 – Providers:

3.1 Work together to build a workplace that supports the adoption of both patient and family-centres care and collaborative practices
3.2 Work together to create safe, supportive and quality workplaces
3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.

Strategy: Sun Country Health Region is a healthy, safe workplace.

Results: **WCB Lost Time**

During the 2010-11 financial year, the number of WCB lost time claims per 100 FTE continued to trend downward. In a Region-by-Region comparison, SCHR continues to be in the lower half of all Regions with respect to the number of lost time claims per 100 full time workers (FTE). SCHR's number of lost time claims remains 30.4 per cent lower than the overall average of the group. In addition, the lost time days per 100 FTE of claims by employees in SCHR has also decreased by over 14.5 per cent from last year (2009-10). Despite the fewer number of claims, statistics indicate that the duration of SCHR claims in days lost per 100 employees is among the highest in health care in Saskatchewan, being 11.3 per cent above the average of all reporting Regions for 2010-11. One reason for this longer duration is that a growing number of work injuries are to the shoulder and back which requires diagnosis, therapy and possible surgery. Each step in this recovery process can take a longer time to complete and a longer time for recovery.

Efforts in 2010-11 focused on implementing initiatives to reduce the number and duration of WCB claims. With the intention of reducing injuries, SCHR continues to purchase patient lifts for all facilities and to educate workers in proper transfer, lift and repositioning techniques. When a lost time injury does occur, SCHR joins with workers and unions to discuss and implement a timely an optimum recovery plan for the injured worker. When needed, occupational and physical therapy assessments are completed. When required, vocational rehabilitation professionals are also asked to assist workers who may have to consider work or career changes because of an injury.

Days Lost in 2010-11

	Q1 2010-11	Q2 2010-11	Q3 2010-11	Q4 2010-11
# Claims per 100 FTE	.63	.81	1.73	1.65
Days Lost per 100 FTE	103.67	66.48	123.96	101.43

Results: Sick Leave

Utilization of sick leave hours has decreased by over 5.5 per cent over the previous year. However, SCHR workers exceed the provincial average by 3.9 per cent in their utilization of sick leave.

Sick leave has an impact on SCHR finances and productivity. In other situations, there are relief staff frequently called in to work as replacement workers to the regularly scheduled workers who become ill. This also results in additional overtime for regular workers at an increased cost.

Results: Lean

Staff surveys in the Regional laundry facility were completed and a team building session was facilitated by the Lean Specialist.

Work has begun on improving the patient safety occurrence forms and process. A current state value stream map was drafted and reviewed by managers throughout the Region and the long term care CQI Team.

The pre-operative value stream will also be participating in the Safer Healthcare Now! Checklist Action Series. The first webinar was held on January 12.

The Lean Specialist has been working with the Weyburn General Hospital Releasing Time to Care Team to assist with 5S work.

The Leadership Team is participating in an CIHI Collaborative on waste identification and the use of a Waste Identification Tool

Results: Risk & Emergency Preparedness

The Regional Manager, Risk and Emergency Preparedness has been meeting with key contacts throughout the Region to assist with the coordination of emergency preparedness plans.

Inventories of hazardous materials have been collated for all facilities.

Emergency plans have been reviewed and required updates have been identified.

Results: Releasing Time to Care

SCHR began work on Releasing Time to Care (RTC) in 2010. RTC is a module based program that offers a step by step guide to improving the efficiency of processes on wards and facilities. It is a patient-centred approach to improving the quality of care on nursing units.
The program was originally developed and tested in the UK by the National Health Services Institute for Innovation and Improvement. RTC focuses on decreasing interruptions and wasted time, such as time spent hunting and gathering for equipment and supplies, and on improving care and delivery processes. The result is increased time focused on the delivery of safer, more reliable, higher quality care. RTC provides many tools to help staff collect and present data to drive the solutions that they develop to address their challenges.

The Weyburn General Hospital was the first facility to begin implementation of RTC in September 2010. St. Joseph's Hospital of Estevan and the Mental Health Inpatient Unit in Weyburn began in January 2011. All three teams have seen key results such as increased direct care time with

patients, increased compliance with hand hygiene, and reduced time searching for equipment and other supplies.

Results: Lean

Region-wide training called *Walk This Way - An Introduction to LEAN* began in the spring. Initial participation was enthusiastic and everyone went away with a better understanding of how Lean thinking and methodology can assist them be more productive and more satisfied with their day to day activities.

The training is a one-day course that provides a comprehensive understanding of Lean tools. Participants are given tools that assist them with such things as being able to identify a process that requires improvement, understanding and identifying waste, and understanding and implementing 5S. Participants worked through simulations to drive the tools home, and were engaged in practical conversation as to how these tools can be applied to individual situations.

Value Stream mapping began in February by examining the patient pre--op process. Value Stream Map is how it allows everyone involved to "see" exactly what is actually taking place in the process on a day to day basis.

Results: Aboriginal Awareness

At the end of March, Aboriginal Awareness Training is 80 per cent complete. There are about 449 staff left to train.

Strategy: A Region-wide 10 year workforce plan that focuses on current and future workforce demands is in place.

Results: Physician Recruitment

Recruitment of physicians to SCHR remains a challenge due to the limited supply of physician applicants, the demand being high, and the significant choices that applicants have in choosing where they practice. SCHR continues to implement its recruitment initiatives both domestically and internationally for physicians.

There are varied reasons why physicians leave a practice, including moving to a larger practice from a single/solo physician practice, improved earnings potential and to further advance their education in medicine.

In implementing its recruitment efforts, SCHR engages national and international recruitment consultants, advertises on web sites, advertises in targeted paper media forums, provides educational and mentorship opportunities for medical students and medical residents, attends career fairs, implements and works with communities to provide financial and other incentives to establish a practice.

Results: SUN Agreement

In 2009-10 SCHR did not meet its full time equivalent (FTE) three-year target of 276 FTE of registered nurses. At the end of the 2010-11 financial year, SCHR was at 252.01 FTE of registered nurses.

SCHR and the Saskatchewan Union of Nurses (SUN) continue to work in a partnership to develop ideas and initiate actions to recruit and retain registered nurses across the Region. For example, 81% of the SCHR Bursaries were provided to students who are in the Nursing Education Program. SCHR continues to provide student practicums and mentorship opportunities for nursing students who are required to take clinical placements in their final years of education.

Two key challenges that SCHR faces include the fact that most nurses retire as they are eligible and new registered nurse graduates continue to prefer to work in larger urban centres as compared to rural facilities.

Strategy: Workplace dynamics and innovations provide opportunities for job enrichment.

Results: Employee Engagement Survey

The Human Resources department initiated the Employee Engagement Survey at the end of the 2010-11 financial year. Data collection has not been completed by the end of March 2011 and as such is not available to be reported in this Annual report.

This Employee Engagement Survey is part of a provincial health care initiative which will be completed late in 2011. The purpose of the survey is to collect the opinions and views of all employees regarding our organizational vision, policies, work environment and culture, teamwork, opportunities for professional growth and customer or patient/client interaction.

The survey was conducted by TalentMap, a research company with presence across Canada.

Results: Wage Driven Premium Hours

The wage premiums, such as overtime and call back paid to workers in 2010-11 has decreased by 19.1 percent over last year. SCHR pays less premium pay than other Regions and in 2010-11 is 16.7 per cent lower than the provincial average. Premium pay is provided according to collective agreements where workers are required to work additional hours as there is no other available worker available to work at regular wage rates.

Situations like worker illness, worker(s) on vacation (or other leaves), lack of relief workers, gastrointestinal and respiratory outbreaks all contribute to having to pay overtime premium pay to workers.

In other cases such as for EMS workers who complete patient transfers to tertiary centres, the nature of the work contributes to increased eligibility for premium pay.

The provincial Out of Scope (OOS) Compensation package has been implemented. Components of the new OOS Compensation program includes a market-based compensation at the 65 percentile of the market minimum/maximums, a performance incentive component for CEOs and VPs, standardization of terms and conditions of employment across the Regions, including Scheduled Days Off (SDOs). Regarding SDOs, OOS employees will be reduced from 17 to 12 days annually, and a personal flexible benefit has been provided with an intent to promote OOS employee health and lifestyle (similar to the program in executive government.) Some OOS employees will not receive a salary increase as a result of the market-based assessment. Key

objectives of this new salary administration system is that it standardizes terms and conditions of employment across the province and that government approves the principles of the plan, thus not having to go back each year and present a case for OOS compensation.

THE LEGACY PROJECT - Students from the Grade 8 class at St. Michael Junior High in Weyburn met regularly with residents of Tatagwa View Long Term Care Centre for more than six months to gather their life histories. Tatagwa View's Recreation Coordinator, Patti Hewitt, organized the project. "It was a big project to organize but very valuable," she says. "Residents can't wait for the students to come to work on it, so we know they're getting a lot out of it." She says some residents have become so close they've told their student partners "you're just like my grandchild." The participants at this table are: Mary Pawlak, bottom left, gathers with Hilda Anderson and students Sierra Mason, Tom Gaber, Megan Woodard and Konrad Proszak.

Goal 4 – SCHR provides health services through a sustainable, efficient and accountable system.

This goal is consistent with the Ministry of Health's Strategic Operational Directions (SOD) Goal 4 - Sustainability and Goal 5 – Supportive Process:

4.1 Achieve best value for money while improving the patient experience and population health

4.2 Improve transparency and accountability through measurement and reporting

4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations.

5.1 Benchmark and model world class high performing health systems

5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies

5.3 Leverage technology to achieve improvements in patient car and system performance.

Strategy: Sun Country Health Region provides services that are sustainable, efficient and accountable.

Results: **Communication Plan**

A revised communication plan to build support among the public and inform them was implemented January 2011. It includes more news releases, highlights of the Regional Health Authority meetings, monthly columns from the Interim CEO and a monthly memo from the interim CEO to the staff.

Results: **Long-term Care Facilities Replacement Project**

New facilities in Radville and Redvers Health Centres are in the detailed design stage. Meetings are being held with local staff regarding details in the design of the rooms and the flow of operations for each department. The project manager is finalizing the Class D Budget (high level cost analysis) for the Ministry's approval. Kipling is still in the schematic design stage and staff and architects are working on eliminating unnecessary space so the project will be on budget.

Results: **Information Technology**

The Primary Health Care System has been implemented in Radville, Bengough, and Pangman. To enhance the performance of the application a specialized interface was developed. This web-based application allows the Primary Care Team to access patient information from any location.

Home care (MDS) is championing the use of cellular networks to connect to the SCHR desktop using an iPad with wireless service. The expectation is to collect enough evidence for 'proof of concept' to endorse this technology.

Work on the development of the Information Technology Service Catalogue has created the foundation for defining processes for requesting new IT Services and for the development and implementation of Information Technology/System policies.

Results: **Mental Health Information System/Alcohol Drug Information System Integration**

There are two Provincial Information Systems. The Regional Director Mental Health and Addictions and a Ministry of Health representative are the Chairpersons of a provincial committee to integrate the two systems. This effort has become a priority and the Ministry has acquired a dedicated position. This new system will become the provincial information system standard for Mental Health and Addictions. It is anticipated that the project will take 2 years to be completed.

Results: **IT Project Management**

SCHR has hired external resources to assist in IT/IS Policy Development and Project Management Process development for new IT Services.

Strategy: Sun Country Health Region is accountable for the services it provides.

Results: **Strategic Planning**

A workshop with the executive team and a strategic planning consultant was held in spring to discuss the alignment of SCHR Strategic Plan with the Ministry of Health Strategic and Operational Directions document.

The provincial Emergency Department survey start date was initiated January 20, 2011. Weyburn General Hospital will be the first site to participate. New promotional material for the Patient Experience Survey and the Emergency Department Survey was distributed.

2010-11 Financial Overview

2010-11 was a successful year financially for SCRHA, as it posted a surplus of 2,000,097 (1.5 % of actual operating expenditures).

Overall, revenues were higher than the 2010-11 budget ($7,864,877 or 6.4%) due to:

- Increased funding from the Ministry of Health ($6,959,352 over budget) which was mainly due to funds received for the retroactive salaries for in-scope employees and salary increases for out of scope employees of $6.0M. In addition, $.5M mortgage funding was classified as operating in the 2010-11 year. These funds had been previously classified and budgeted as capital revenue.
- Patient Fees were over budget ($194,410 or 1.79%) due to an increase in the number of EMS trips.

Salaries were over budget by $1,865,367 (2.6 %) mainly due to payment of the CUPE retroactive settlement, and the increased number of EMS trips. These additional expenses were offset in part by staff vacancies during the year.

Medical remuneration was over budget by $316,793 (11.1%) due to the payment of the SMA retroactive fee increases for 2009/10 and 2010/11.

Repairs and maintenance are over budget by $936,690 (89.6%) due to more repairs being performed where needed.

Insurance costs have decreased from budget by $35,788 (11.7%) due to savings achieved through the Shared Services Contract under the Ministry of Health.

Professional Fees increased from budget ($250,449 or 14.9%) due to professional fees for Primary Care, increased legal costs and an independent review of SCHRA hiring practices.

Meeting expenses increased from budget by $19,062 (71.4%) due to the co-hosting of the Provincial Palliative Care conference held in 2010-2011.

Rent / Lease / Purchased costs were over budget mainly due to increased acquisitions of minor equipment during the year.

SUN COUNTRY REGIONAL HEALTH AUTHORITY
FINANCIAL STATEMENTS

March 31, 2011

Contents

Management's Responsibility 1

Auditors' Report 2

Statement of Financial Position 3

Statement of Operations and Changes in Fund Balances 4

Statement of Cash Flows 5

Notes to the Financial Statements 6-19

Schedule 1 – Schedule of Expenses by Object 20

Schedule 2 – Schedule of Cash and Investments 21

Schedule 3 – Schedule of Externally Restricted Funds 22

Schedule 4 – Schedule of Internally Restricted Fund Balances 23

Schedule 5 – Board and Senior Management Remuneration 24

May 18, 2011

SUN COUNTRY HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Sun Country Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance and Audit Committee. The Finance and Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance and Audit Committee, approves financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Marga Cugnet
Interim President & CEO

Pamela Haupstein, CA
Interim VP Finance & Corporate Services

VIRTUS GROUP

Chartered Accountants & Business Advisors LLP

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Sun Country Regional Health Authority

We have audited the accompanying financial statements of **Sun Country Regional Health Authority** which comprise the statement of financial position as at March 31, 2011, and the statements of operations and changes in fund balance and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Sun Country Regional Health Authority as at March 31, 2011, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

May 18, 2011

Regina, Saskatchewan

Virtus Group LLP

Chartered Accountants

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SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

As at March 31, 2011

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2011	Total 2010 (Note 15)
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	$ 6,577,571	19,584,689	2,610,271	28,772,531	19,274,379
Restricted Cash and Investments (Schedule 2)	8,994	-	-	8,994	8,974
Accounts Receivable					
Ministry of Health - General Revenue Fund	216,647	-	-	216,647	89,488
Accounts Receivable - Interfund	80,101	-	(80,101)	-	-
Other	999,101	-	821	999,922	1,182,604
Inventories	957,399	-	-	957,399	986,743
Prepaid Expenses	551,075	-	-	551,075	702,702
	9,390,888	19,584,689	2,530,991	31,506,568	22,244,890
Investments (Schedule 2)	15,503	-	2,330	17,833	45,678
Loan Receivable (Note 5)	-	-	-	-	44,000
Capital Assets (Note 3)	-	43,562,256	-	43,562,256	44,344,266
Total Assets	**$ 9,406,391**	**63,146,945**	**2,533,321**	**75,086,657**	**66,678,834**
Liabilities					
Current Liabilities					
Accounts Payable	$ 2,179,328	334,648	-	2,513,976	1,473,459
Accrued Salaries and Benefits	3,652,227	-	-	3,652,227	9,584,720
Accrued Vacation	6,546,710	-	-	6,546,710	6,135,402
Mortgages Payable - Current (Note 7)	-	397,282	-	397,282	378,129
Obligation under Capital Lease - Current (Note 4)	-	113,723	-	113,723	14,929
Deferred Revenue (Note 8)	2,751,612	-	-	2,751,612	2,085,180
	15,129,877	845,653	-	15,975,530	19,671,819
Mortgages Payable (Note 7)	-	4,400,347	-	4,400,347	4,800,801
Obligation under Capital Lease (Note 4)	-	267,437	-	267,437	7,123
Total Liabilities	**15,129,877**	**5,513,437**	**-**	**20,643,314**	**24,479,743**
Fund Balances					
Invested in Capital Assets	-	38,361,347	-	38,361,347	39,121,666
Externally Restricted (Schedule 3)	-	18,777,713	2,533,321	21,311,034	9,563,666
Internally Restricted (Schedule 4)	8,994	494,448	-	503,442	635,230
Unrestricted	(5,732,480)	-	-	(5,732,480)	(7,121,471)
Total Fund Balances	**(5,723,486)**	**57,633,508**	**2,533,321**	**54,443,343**	**42,199,091**
Total Liabilities & Fund Balances	**$ 9,406,391**	**63,146,945**	**2,533,321**	**75,086,657**	**66,678,834**

Commitments (Note 4)
Pension Costs (Note 11)

Approved by the Board:

Sharon Bauche, Board Chair

Marilyn Charlton, Board Vice Chair

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

For the year ended March 31, 2011

	Operating Fund			Restricted Funds			
	Budget 2011 (Note 12)	2011	2010 (Note 15)	Capital Fund 2011	Community Trust Fund 2011	Total 2011	Total 2010
Revenues							
Ministry of Health - General Revenue Fund	$ 110,335,966	117,295,318	86,472,307	13,180,000	-	13,180,000	1,350,143
Other Provincial	848,000	536,237	960,435	168,156	-	168,156	144,234
Federal Government	2,750	7,248	3,081	-	-	-	-
Funding from other Provinces				-	-	-	-
Special Funded Programs	166,830	175,921	158,955	-	-	-	-
Patient Fees	10,854,861	11,049,271	11,244,653	-	-	-	-
Out of Province (Reciprocal)	471,000	464,967	536,037	-	-	-	-
Out of Country	10,300	6,435	15,063	-	-	-	-
Donations	30,000	306,526	261,489	229,526	434,645	664,171	450,935
Investment	50,000	159,192	71,090	78,610	29,898	108,508	453,645
Ancillary	-	-	-	-	-	-	-
Recoveries	926,779	1,448,440	1,338,469	-	-	-	-
Unrealized gain - financial instruments	-	-	-	-	-	-	-
Other	63,800	175,608	218,523	7,371	-	7,371	16,000
	123,760,286	**131,625,163**	**101,280,102**	**13,663,663**	**464,543**	**14,128,206**	**2,414,957**
Expenses †							
Provincial Wide Acute Care Services	1,110,108	1,109,430	914,791	-	-	-	-
Acute Care Services	29,001,861	30,280,397	29,869,784	645,393	-	645,393	619,066
Physician Compensation - Acute	870,708	1,014,027	914,074	-	-	-	-
Supportive Care Services	52,193,750	56,753,951	55,153,095	2,406,684	186,851	2,593,535	2,874,434
Home Based Services - Supportive Care	8,896,406	8,563,972	8,605,315	49,051	-	49,051	20,797
Population Health Services	4,026,253	4,042,530	4,239,136	80,994	-	80,994	67,397
Community Care Services	6,022,984	5,586,259	6,217,022	27,782	-	27,782	5,317
Home Based Services - Acute & Palliative	933,247	901,913	896,888	4,713	-	4,713	1,730
Primary Health Care Services	4,783,519	4,990,827	4,014,973	123,166	8,340	131,506	173,024
Emergency Response Services - RHA	4,874,897	4,825,828	5,143,065	341,567	-	341,567	206,223
Mental Health Services - Inpatient	1,955,777	2,107,278	2,167,495	9,511	-	9,511	1,663
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community Services	2,079,380	2,010,072	1,585,922	-	-	-	-
Program Support Services	6,844,566	7,262,661	6,882,780	-	-	-	-
Special Funded Programs	166,830	175,921	158,955	-	-	-	-
Ancillary	-	-	-	-	-	-	-
	123,760,286	**129,625,066**	**126,763,295**	**3,688,861**	**195,191**	**3,884,052**	**3,969,651**
Excess (Deficiency) of revenues over expenses	$ -	**2,000,097**	**(25,483,193)**	**9,974,802**	**269,352**	**10,244,154**	**(1,554,694)**
Fund Balance, beginning of year		(7,112,497)	(6,185,790)	46,944,586	2,367,003	49,311,589	75,422,769
Interfund Transfers (Note 14)		(611,086)	24,556,486	714,120	(103,034)	611,086	(24,556,486)
Fund Balance, end of year		$ **(5,723,486)**	**(7,112,497)**	**57,633,508**	**2,533,321**	**60,166,829**	**49,311,589**

† See also Schedule 1 - Expenses Classified by Object

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

For the year ended March 31, 2011

	Operating Fund		Restricted Funds			
	2011	2010 (Note 15)	Capital Fund	Community Trust Fund	Total 2011	Total 2010
Cash Provided by (used in)	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenues over expenses	$ 2,000,097	(25,483,193)	9,974,802	269,352	10,244,154	(1,554,694)
Amortization of Capital Assets	-	-	3,037,134	-	3,037,134	3,017,201
Loss (Gain) on Disposal of Capital Assets	-	-	326,592	-	326,592	(16,000)
Net change in non-cash working capital						
Saskatchewan Health - General Fund	(127,159)	27,165	-	-	-	-
Accounts Receivable - Interfund	48,290	123,729	-	(48,290)	(48,290)	(123,729)
Accounts Receivable - Other	174,792	(143,841)	-	7,890	7,890	206,321
Inventories	29,344	(120,192)	-	-	-	-
Prepaid Expenses	151,627	(97,012)	-	-	-	-
Accounts Payable	755,567	(818,850)	284,950	-	284,950	6,175
Accrued Salaries and Benefits	(5,932,493)	5,528,177	-	-	-	-
Accrued Vacation	411,308	125,153	-	-	-	-
Deferred Contributions	666,432	795,242	-	-	-	-
	(1,822,195)	(20,063,622)	13,623,478	228,952	13,852,430	1,535,274
Purchase of Capital Assets	-	-	(2,589,087)	-	(2,589,087)	(2,771,554)
Proceeds from sale of Capital Assets	-	-	7,371	-	7,371	16,000
Net change in Restricted Cash and Investments	(20)	357	-	-	-	-
Purchase of Investments	(144)	(729)	-	-	-	-
Proceeds from Investments	-	-	-	27,989	27,989	335,762
Proceeds from Loan Receivable	-	-	-	44,000	44,000	51,000
	(164)	(372)	(2,581,716)	71,989	(2,509,727)	(2,368,792)
Repayment of Debt	-	-	(477,067)	-	(477,067)	(380,916)
Proceeds from Capital Lease	-	-	454,874	-	454,874	-
	-	-	(22,193)	-	(22,193)	(380,916)
Net increase (decrease) in Cash Flow	$ (1,822,359)	(20,063,994)	11,019,569	300,941	11,320,510	(1,214,434)
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 9,011,016	4,518,524	7,851,000	2,412,364	10,263,364	36,034,284
Interfund Transfers (Note 14)	(611,086)	24,556,486	714,120	(103,034)	611,086	(24,556,486)
Net increase (decrease) in Cash Flow	(1,822,359)	(20,063,994)	11,019,569	300,941	11,320,510	(1,214,434)
Balance at end of year	$ 6,577,571	9,011,016	19,584,689	2,610,271	22,194,960	10,263,364
Balance at end of year is comprised of:						
Cash and Cash Equivalents	6,577,571	9,011,016	19,584,689	2,582,271	22,166,960	9,889,630
Short Term Investments	-	-	-	28,000	28,000	373,734
Cash and Short Term Investments (Schedule 2)	$ 6,577,571	9,011,016	19,584,689	2,610,271	22,194,960	10,263,364
Supplementary Cash Flow Information						
Interest Paid	$ -	-	273,132	-	273,132	266,960

The accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Sun Country Regional Health Authority (SCRHA) operates under *The Regional Health Services Act* (the Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sun Country Health Region, under section 27 of *The Act*. The Sun Country Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The SCRHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles, and are based on the application of the accounting policies described below.

a) Health Care Organizations (HCO)

i) The SCRHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Weyburn Group Home Society
SMILE
Fillmore Ambulance
Supreme Ambulance

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	Non-profit Corporations Act of Saskatchewan, 1977
Radville Marian Health Centre	Non-profit Corporations Act of Saskatchewan, 1977
The Border-line Housing Company (1975) Ltd.	Non-profit Corporations Act of Saskatchewan, 1977

The SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the SCRHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

iii) Within the SCRHA, there are several foundations that raise money for the benefit of the SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 9 b) iii) provides supplementary information regarding the donations received from the foundations.

b) Fund Accounting

The accounts of the SCRHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

2. Significant Accounting Policies - continued

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of assets. The capital fund also includes donations designated for capital purposes by the contributor and funding relating to the mortgages. Expenses consist of the amortization of assets, interest expense, and other expenses that qualify for the designated Capital Funding.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the SCRHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. All inventories are held at the lower of cost or net realizable value as determined by the weighted average method.

g) Pension

Employees of the SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the SCRHA expenses all contributions it is required to make in the year.

2. Significant Accounting Policies - continued

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

The SCRHA has classified its financial instruments into one of the following categories: held-for-trading, held-to-maturity, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Held-to-maturity, loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the SCRHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable, loan receivable and interfund loan are classified as loans and receivables.
- Investments in money market funds are classified as held-for-trading and recorded at fair market value. All other investments are classified as held-to-maturity assets and recorded at amortized cost.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Mortgages payable and obligation under capital lease are classified as other liabilities. The related debt premium or discount and issuer costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2011 (2010 – none), the SCRHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The SCRHA is exposed to financial risk as a result of financial instruments. The risks the SCRHA may be exposed to are:

i. Price risk which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii. Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii. Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv. Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The SCRHA has policies and procedures in place to mitigate these risks.

j) Replacement Reserves

The SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation (SHC). Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	2011			2010
	Cost	Accumulated Amortization	Net	Net
Land	$ 683,421	$ -	$ 683,421	$ 749,603
Land Improvements	785,915	666,505	119,410	135,576
Leasehold Improvements	209,143	209,143	-	-
Buildings	70,091,340	33,374,131	36,717,209	38,538,458
Equipment	14,386,126	9,934,211	4,451,915	4,456,812
Construction in progress	1,220,674	-	1,220,674	455,226
Under Capital Lease: Equipment	538,296	168,669	369,627	8,591
	$ 87,914,915	$ 44,352,659	$ 43,562,256	$ 44,344,266

4. Commitments

a) Capital Asset Acquisitions

At March 31, 2011, the commitments for acquisition of capital assets were $1,311,567 (2010 - $1,531,137).

b) Capital Infrastructure Projects

At March 31, 2011, the commitments for specific capital infrastructure projects were $1,836,626 (2010 - $1,447,329).

c) Capital Building Projects

As at March 31, 2011, the Ministry of Health provided funding in the amount of $15,300,000 to be used to construct three replacement facilities. There is $14,446,598 remaining at March 31, 2011.

d) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2012	$ 861,422
2013	$ 752,957
2014	$ 573,526
2015	$ 20,375
2016	$ -

4. Commitments (continued)

e) Capital Leases

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

	Equipment	Equipment	Total
Interest rate	6.6%	4.75%	
Expiry date	December 31, 2014	September 2, 2013	
2012	$ 110,513	$ 3,210	$ 113,723
2013	110,513	3,210	113,723
2014	110,513	1,605	112,118
2015	92,094	-	92,094
Total minimum lease payments	423,633	8,025	431,658
Amount representing interest	(50,027)	(471)	(50,498)
Balance of the obligation	373,606	7,554	381,160
Less: Current Portion	(110,513)	(3,210)	(113,723)
	$ 263,093	$ 4,344	$ 267,437

f) Contracted Health Service Operators

The SCRHA continues to contract on an ongoing basis with private health service operators to provide health services in the SCRHA similar to those provided in the year ending March 31, 2011.

5. Long Term Loan Receivable

The SCRHA has an agreement with M.O.R.E. 2000 Organization Inc. to lend them $100,000 interest free. The M.O.R.E. 2000 Organization Inc. paid $44,000 in 2011 (2010 - $51,000).

6. Patient and Resident Trust Accounts

The SCRHA administers funds held in trust for patients and residents using the SCRHA's facilities. The funds are held in separate bank accounts. Funds held in trust are not included in these financial statements. Total funds held in trust are $39,417 (2010 - $43,007).

7. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2011	2010
Newhope Pioneer Lodge CMHC, due May 1, 2021	4.690%	$110,309 principal & interest of which $29,437 is subsidized by SHC. Yielding an effective interest rate of 1.221%. Mortgage renewal date - August 1, 2016	$ 892,438	$ 959,579
Willowdale Lodge CMHC, due July 1, 2019	6.875%	$12,772 principal & interest Mortgage renewal date - July 1, 2019	81,137	88,149
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	$15,956 principal & interest Mortgage renewal date - August 1, 2016	74,961	86,594
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	$8,109 principal & interest Mortgage renewal date - January 1, 2023	65,463	68,925
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	$34,476 principal & interest Mortgage renewal date - October 1, 2026	309,226	318,784
Weyburn Special Care Home CMHC, due April 1, 2019	4.690%	$147,788 principal & interest of which $43,157 is subsidized by SHC. Yielding an effective interest rate of 0.070%. Mortgage renewal date - August 1, 2016	994,332	1,093,405
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	$18,732 principal & interest Mortgage renewal date - March 1, 2017	96,064	109,305
Bengough Health Centre CMHC, due September 1, 2018	5.750%	$10,987 principal & interest Mortgage renewal date - September 1, 2018	66,967	73,933
Fillmore Health Centre CMHC, due October 1, 2022	4.320%	$43,557 principal & interest of which $10,866 is subsidized by SHC. Yielding an effective interest rate of 1.457%. Mortgage renewal date - February 1, 2016	397,087	423,032
Gainsborough Health Centre CMHC, due June 1, 2022	4.320%	$41,469 principal & interest of which $10,030 is subsidized by SHC. Yielding an effective interest rate of 1.477%. Mortgage renewal date - February 1, 2016	369,572	394,627
Lampman Health Centre CMHC, due September 1, 2021	4.320%	$66,647 principal & interest of which $15,881 is subsidized by SHC. Yielding an effective interest rate of 1.354%. Mortgage renewal date - February 1, 2016	562,609	604,189
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	$8,579 principal & interest Mortgage renewal date - January 1, 2018	49,059	54,861
Wawota Deerview Lodge CMHC, due December 1, 2020	5.140%	$109,304 principal & interest in which $34,863 is subsidized by SHC. Yielding an effective interest rate of 0.764%. Mortgage renewal date - December 1, 2013	838,714	903,547
			$ 4,797,629	$ 5,178,930
		Less: Current Portion	397,282	378,129
			$ 4,400,347	$ 4,800,801

7. Mortgages Payable - continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewals occur.

For each of the mortgages, the SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years are estimated as follows:

2012	397,282
2013	417,807
2014	438,770
2015	460,808
2016	483,604
2017 and thereafter	2,599,358

8. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 273,872	$ 321,192	$ 244,688	$ 197,368
Aboriginal Awareness	-	12,444	18,000	5,556
Professional Development	59,392	-	10,000	69,392
Safety Training Initiatives	133,060	73,038	-	60,022
SIMS and PHIS	11,696	-	-	11,696
MDS for Home Care	2,259	96	-	2,163
Quality Workplace Initiative	117,694	3,266	10,000	124,428
Community Supports	31,865	-	-	31,865
Youth Drug Detox	61,358	-	-	61,358
Autism	150,000	15,516	-	134,484
Infection Control Initiatives	68,322	42,045	58,560	84,837
MH Approved Home Enhancements	6,180	6,180	-	-
Recruitment Initiatives	30,000	-	-	30,000
Surgical Initiatives	-	-	643,420	643,420
Life & Health Spending Account	-	-	82,295	82,295
Total Sask Health	**$ 945,698**	**$ 473,777**	**$ 1,066,963**	**$ 1,538,884**
Other Initiatives				
SUN Recruitment & Retention	262,313	10,584	-	251,729
LEAN Initiative	267,883	95,239	-	172,644
Autism Spectrum	-	-	80,000	80,000
Other Revenue received in advance	609,286	449,776	548,845	708,355
Total Deferred Revenue	**$ 2,085,180**	**$ 1,029,376**	**$ 1,695,808**	**$ 2,751,612**

9. Related Parties

These financial statements include transactions with related parties. The SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. The SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party transactions greater than $50,000 and not shown separately in these financial statements are disclosed below. In addition, the SCRHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2011	2010 (Note 10)
Revenues		
Medical Services Branch	$ 40,910	$ 55,735
Saskatchewan Government Insurance	175,921	158,955
Saskatchewan Health	464,967	536,037
Senior Citizen's Ambulance Assistance Program	748,422	740,073
Workers' Compensation Board	325,466	260,241
	$ 1,755,686	$ 1,751,041
Expenses		
Canadian Mental Health Association	$ 127,353	$ 122,105
Fillmore Ambulance	80,210	73,260
Public Employees Pension Plan	175,867	183,450
Radville Marian Health Centre	3,484,755	3,017,898
Regina Qu'Appelle Health Region	122,713	120,292
Saskatchewan Association of Health Organizations	5,195,926	4,687,194
Saskatchewan Health Employees Pension Plan	10,289,053	7,907,790
Saskatchewan Power Corporation	1,026,672	966,974
Saskatchewan Property Management	853,207	758,427
Saskatchewan Telecommunications	407,573	413,008
SaskEnergy Incorporated	648,232	768,781
SMILE Services Inc.	64,173	58,299
St. Joseph's Hospital	16,918,984	15,087,007
Supreme Ambulance (Carlyle)	313,356	313,356
The Border-line Housing Company (1975) Ltd	1,756,353	1,415,760
Weyburn Group Home Society	295,899	269,531
Workers' Compensation Board	1,285,078	1,264,798
	$ 43,045,404	$ 37,427,930

9. *a) Related Party Transactions - continued*

	2011	2010
Accounts Receivable		
Senior Citizen's Ambulance Assistance Program	$ 42,521	$ 138,300
Saskatchewan Health	49,487	95,187
	$ 92,008	$ 233,487
Prepaid Expenses		
Workers' Compensation Board	$ 316,737	$ 307,128
Saskatchewan Association of Health Organizations	1,020	120,960
	$ 317,757	$ 428,088
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 233,951	$ 218,815
Saskatchewan Health Employees Pension Plan	730,325	594,880
Saskatchewan Power Corporation	80,036	152,607
Saskatchewan Property Management	82,300	128,231
SaskEnergy Incorporated	74,443	57,274
St. Joseph's Hospital	141,259	155,886
	$ 1,342,314	$ 1,307,693

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenses incurred in the normal course of business.

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The SCRHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, the SCRHA provided the following amounts to healthcare organizations.

	2011	2010
Canadian Mental Health Association	$ 123,023	$ 121,805
Fillmore Ambulance	80,210	73,260
SMILE Services Inc.	62,382	58,299
Supreme Ambulance (Carlyle)	313,356	313,356
Weyburn Group Home Society Inc.	256,672	269,531
	$ 835,643	$ 836,251

9. *b) Health Care Organizations - continued*

ii) Affiliates

The Act makes the SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the SCRHA. The SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2011	*2010 (Note 10)*
St. Joseph's Hospital	$ 16,064,223	$ 14,182,281
Radville Marian Health Centre	3,484,755	3,017,898
The Border-line Housing Company (1975) Ltd.	1,756,353	1,415,760
Total	$ 21,305,331	$ 18,615,939

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2011 and 2010 and for the years then ended:

	2011	*2010*
Balance Sheet		
Assets	$ 3,489,319	$ 3,439,433
Net Capital Assets	24,475,982	23,418,687
Total Assets	$ 27,965,301	$ 26,858,120
Total Liabilities	5,224,537	3,551,105
Total Net Assets	22,740,764	23,307,015
Total Liabilities and Net Assets	$ 27,965,301	$ 26,858,120
Results of Operations and Fund Balances		
SCRHA Grant	$ 20,743,730	$ 18,574,714
Other Revenue	5,226,173	5,074,920
Total Revenue	$ 25,969,903	$ 23,649,634
Salaries & Benefits	20,328,906	18,338,513
Other Expenses *	5,976,397	6,064,647
Total Expenses	26,305,303	24,403,160
Excess (Deficiency) Revenue over Expenses	$ (335,400)	$ (753,526)

* Other Expenses includes amortization of $1,442,076 (2010 - $1,423,341)

Cash Flows		
Cash from Operations	$ 2,133,445	$ 252,855
Cash used in Financing Activities	405,351	521,102
Cash used in Investing Activities *	(2,497,770)	(980,274)
Increase (Decrease) in Cash	$ 41,026	$ (206,317)

* Cash used in Investing Activities includes capital purchases of $2,499,370 (2010 - $980,274)

9. *b) Health Care Organizations - continued*

iii) Fund Raising Foundations

There are various charitable health foundations throughout the region that raise money on behalf of healthcare organizations in their community. The SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by the SCRHA for specific purposes. The foundation's total expenses include the following contributions to the SCRHA.

	2011	*2010*
Redvers & District Community Health Foundation Inc.	$ 1,674	$ 2,498
Coronach and Area Health Care Foundation	$ -	$ 213
Kipling District Health Foundation Inc.	$ 3,281	$ -
Wawota Health Care Foundation Inc.	$ 383	$ 579

10. Comparative Information

Some items appearing in the statements for the prior year have been reclassified to conform to the presentation used for the current year.

11. Pension Costs

Employees of the SCRHA participate in one of the following pension plans:

i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

ii) The Public Employees' Pension Plan (a related party) – This is a defined contribution plan and the responsibility of the Province of Saskatchewan.

The SCRHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. The pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the SCRHA contribution amount below.

	2011			2010
	SHEPP	PEPP	Total	Total
Number of active members	1,529	20	1,549	1,613
Member contribution rate, percentage of salary	7.2 - 9.6 % *	5%		
SCRHA contribution rate, percentage of salary	8.06-10.75% *	5%		
Member contributions (thousands of dollars)	4,565	81	4,646	3,858
SCRHA contributions (thousands of dollars)	5,112	83	5,195	4,313

*Contributions rate varies based on employee group.

1. Active members include all employees of the SCRHA, including those on leave of absence as of March 31, 2011. Inactive members are transferred to SHEPP and not included.

12. Budget

The SCRHA Board approved the 2010-2011 budget on May 19, 2010.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

Accounts receivable
Loan receivable
Interfund loan
Accounts payable
Accrued salaries and vacation payable

ii) Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

iii) The fair value of mortgage payable before the repayment required within one year, is $5,243,829 (2010 - $5,937,275) and is determined using discounted cash flow analysis based cn current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Operating Line of Credit

The SCRHA has a line of credit limit of $1,000,000, of which none was drawn. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2010 and 2011.

14. Interfund Transfers

Each year the SCRHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2011			2010		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Purchases	$ (52,494)	$ 130,528	$ (78,034)	$ (211,577)	$ 296,090	$ (84,513)
* Capital Funding Released		-	-	25,606,564	(25,606,564)	-
Mortgage principle & interest	(502,462)	502,462				
SHC reserves - Allocation	(105,488)	105,488	-	(105,488)	105,488	-
SHC reserves - R & M	99,358	(99,358)	-	194,913	(194,913)	-
SHC reserves - Transfers	-	-	-	-	-	-
EMS Vehicle Allocation	(50,000)	75,000	(25,000)	(50,000)	75,000	(25,000)
EPC Purchases	-	-	-	(877,926)	877,926	-
	$ (611,086)	$ 714,120	$ (103,034)	$ 24,556,486	$ (24,446,973)	$ (109,513)

* SCRHA received $29,400,000 Capital funding from Saskatchewan Health in 2009 to be used towards the replacement of three facilities. During 2010, a revised contract was signed and $26,100,000 was released from this restriction and available to transfer to the operating fund to offset the decrease in General Revenue funding of $26,100,000. Due to an actual deficit of $25,477,576, SCRHA has internally restricted $493,436 in the capital fund for future capital acquisitions. Therefore, $25,606,564 was transferred to the operating fund to cover the deficit, unfunded capital purchases and the EMS Vehicle Allocation.

15. Prior Period Adjustment

The restricted contributions for the operating fund were recorded as Externally Restricted Fund Balance in the Operating Fund but should have been recorded as Deferred Revenue. The financial statements of 2010 have been restated. The effect of the restatement on those financial statements is summarized below.

	2010
Statement of Financial Position	
Increase in Cash and Short Term Investments	$ 552,413
(Decrease) in Restricted Cash and Investments	(552,413)
Increase in Deferred Revenue	549,870
(Decrease) in Externally Restricted Fund Balances	(552,414)
Increase in Unrestricted Fund Balances	2,544
(Decrease) in Total Fund Balances	$ (549,870)
Statement of Operations and Changes in Fund Balances:	
(Decrease) in Donations	$ (5,617)
(Decrease) in excess (deficiency) of revenues over expenses	$ (5,617)
Statement of Cash Flows:	
(Decrease) in excess (deficiency) of revenues over expenses	(5,617)
Increase in Net Change in Deferred Contributions	549,870
(Decrease) Net change in Restricted Cash and Investments	8,161
Increase in Net increase (decrease) in Cash Flow	552,414

16. Volunteer Services

The operations of the SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

17. Future Accounting Changes

The Canadian Institute of Chartered Accountants approved an amendment to require Government Non-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. The impact of this change is expected to be minimal at this point in time.

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2011

Schedule 1

Schedule of Expenses by Object

	Budget 2011 (Note 12)	Actual 2011	Actual 2010 (Note 10)
Operating:			
Advertising & public relations	$ 255,028	174,806	324,034
Board costs	120,549	100,668	93,314
Compensation - Benefits:			
WCB employer premium	1,236,838	1,274,369	1,263,637
Other compensation benefits (Note 11)	12,472,562	12,676,567	12,657,640
Compensation - Salaries	70,785,316	72,650,683	74,129,515
Continuing education fees & materials	240,485	179,492	207,757
Contracted-out services - Other	855,890	859,365	957,690
Diagnostic imaging supplies	68,110	69,151	60,901
Dietary supplies	134,320	154,665	163,317
Drugs	519,004	456,889	442,978
Food	1,469,465	1,443,567	1,451,933
Grants to ambulance services	386,616	433,566	386,616
Grants to health care organizations	19,461,494	21,703,277	18,973,889
Housekeeping & laundry supplies	305,830	334,845	315,011
Information technology contracts	417,654	428,907	409,176
Insurance	305,886	270,098	310,581
Interest	13,921	6,598	7,996
Laboratory supplies	609,773	613,716	605,555
Medical & surgical supplies	1,483,280	1,541,497	1,549,853
Medical remuneration & benefits	2,856,181	3,172,974	2,656,218
WCB employer premium	1,100	1,100	1,161
Other medical remuneration & benefits	-	-	-
Meetings	26,686	45,748	21,840
Office supplies & other office costs	775,599	854,284	820,927
Other	379,489	556,858	634,700
Professional fees	1,676,820	1,927,269	1,502,209
Prosthetics	-	-	-
Purchased salaries	542,997	573,698	519,823
Rent/lease/purchase costs	888,381	1,041,513	928,224
Repairs & maintenance	1,045,330	1,982,020	1,221,430
Service contracts	635,308	580,460	482,753
Supplies - Other	495,574	334,463	327,363
Therapeutic supplies	13,274	13,141	29,298
Travel	1,351,456	1,260,385	1,365,295
Utilities	1,930,028	1,908,427	1,940,661
Total Operating Expenses	**$ 123,760,244**	**129,625,066**	**126,763,295**
Restricted:			
Amortization of Capital Assets		$ 3,037,134	3,017,201
Grants to Third Parties		44,131	91,685
Loss on Disposal of Capital Assets		333,963	-
Mortgage Interest Expense		273,634	265,471
Other		195,190	595,294
		$ 3,884,052	**3,969,651**

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

As at March 31, 2011

Schedule 2

Schedule of Cash and Investments

	Fair Value	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS				
Externally Restricted Investments (Schedule 3)				
Cash and Short Term				
Chequing and Savings				
Spectra Credit Union	$ 19,401,522			
Midale Credit Union	1,401,871			
CIBC	72,039			
Prairie Pride Credit Union	650,487			
RBC Investment Account	65,080			
Royal Bank - Money Maker Plus	29,057			
Royal Bank	52,456			
	$ 21,672,512			
Term Deposit				
Prairie Pride Credit Union - Term Certificates	28,000	April 2, 2011	2.950%	2.950%
	$ 28,000			
Total Cash & Short Term Investments	$ 21,700,512			
Long Term				
Midale Credit Union - equity	$ 2,330			
Total Long Term Investments	$ 2,330			
Total Externally Restricted Investments	**$ 21,702,842**			
Internally Restricted Investments (Schedule 4)				
Cash and Short Term				
CIBC Money Market Fund	$ 115,606			
Spectra Credit Union	387,836			
Total Internally Restricted Investments	**$ 503,442**			
Unrestricted Investments				
Cash and Short Term				
Spectra Credit Union	6,098,013			
CIBC Money Market Fund	479,499			
Wood Gundy	59			
Total Cash & Short Term Investments	6,577,571			
Long Term				
Co-op Equity	15,503			
Total Unrestricted Investments	**$ 6,593,074**			
Total Investments	$ 28,799,358			
Restricted and Unrestricted Totals				
Total Cash & Short Term	$ 28,781,525			
Total Long Term	$ 17,833			
Total Investments	$ 28,799,358			

*Restricted Investments consist of :

- Community generated funds transferred to the SCRHA and held in the community Trust Fund (Schedule 3); and

- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

(See accompanying notes)

Schedule 3

Schedule of Externally Restricted Funds

Community Trust Fund

Trust Name	Balance Start of Year (Note 10)	Investment & Other Revenue	Donations	Expenses	Withdrawals	Balance End of Year
Coronach Trust Fund	$ 71,571	469	-	-	-	72,040
Fillmore Area Trust Fund	155,897	49	-	(3,607)	(16,269)	136,070
Gainsborough Area Trust Fund	588,499	7,040	89,175	(11,748)	(47,535)	625,431
Lampman Area Trust Fund	80,086	731	29,085	(6,990)	-	102,912
Midale Area Trust Fund	1,285,434	18,622	276,127	(132,978)	(25,000)	1,422,205
Oxbow Area Trust Fund	163,421	2,859	40,033	(17,420)	(14,230)	174,663
Creighton Lodge Trust Fund	22,095	128	225	(22,448)	-	-
	$ 2,367,003	**29,898**	**434,645**	**(195,191)**	**(103,034)**	**2,533,321**

Capital Fund Balances

	Balance Start of Year (Note 10)	Investment & Other Revenue	Capital Funding & Donations	Expenses	Transfer to Investment in Capital Fund	Balance End of Year
Arcola Health Centre	$ -	-	91,626	(24,057)	-	67,569
Estevan Regional Nursing Home	100,629	900	(59,204)	-	-	42,325
Kipling	20,845	248			-	21,093
Ministry of Health Capital Funding (Note 4)	6,178,813	38,647	13,180,000	(1,802,666)	-	17,594,794
Moose Mountain Lodge	-	-	75,605	(20,611)	-	54,994
Weyburn General Hospital Building	615,482	7,865	715	-	-	624,062
Weyburn General Hospital Equipment	267,402	3,457	118,365	(32,422)	-	356,802
Other communities	13,493	162	2,419	-	-	16,074
	$ 7,196,664	**51,279**	**13,409,526**	**(1,879,756)**	**-**	**18,777,713**

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2011

Schedule 4

Schedule of Internally Restricted Fund Balances

	Balance beginning of year	Investment income allocated	Annual Allocation from unrestricted fund	Transfer to unrestricted fund expenses	Transfer in investment in capital asset fund balance	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	$ -	-	6,540	(6,540)	-	-
Weyburn Special Care Home	-	-	44,968	(27,572)	-	17,396
Estevan Regional Nursing Home	-	-	15,500	(15,500)	-	-
Newhope Pioneer Lodge	22,533	388	10,000	(32,571)	-	350
Wawota Deerview Lodge	-	-	7,745	(7,745)	-	-
Carlyle Moose Mountain Lodge	-	-	8,235	(8,235)	-	-
Kipling Willowdale Lodge	3,122	54	6,500	(4,889)	-	4,787
Redvers Centennial Haven	-		6,000	(6,000)	-	-
Other						
Emergency Medical Services Vehicles	107,165	128	75,000	(182,165)	-	128
Capital Acquisitions	493,436	590	-	(22,239)	-	471,787
Total Capital Internally Restricted Fund Balances	**626,256**	**1,160**	**180,488**	**(313,456)**	**-**	**494,448**
Operating Internally Restricted Fund Balances						
Quality Workplace	8,974	114	-	(94)	-	8,994
Total Operating Internally Restricted Fund Balances	**8,974**	**114**	**-**	**(94)**	**-**	**8,994**
Total Internally Restricted Fund Balances	$ **635,230**	**1,274**	**180,488**	**(313,550)**	**-**	**503,442**

Emergency Medical Services Vehicles

The SCRHA internally restricts $50,000 (2010 - $50,000) per year, as financial resources permit, for the replacement of Ambulances.

The Midale Area Trust Fund donated $25,000 (2010 - $25,000) for the replacement of Ambulances in Weyburn or Estevan.

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2011

Schedule 5

Board Member Remuneration

Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2011 Total	2010 Total
Arthur, Alan J.	$ -	$ 2,763	$ 1,475	$ 2,089	$ -	$ 35	$ 6,362	$ 4,909
Bauche, Sharon R.	9,960	10,106	9,056	9,464	-	-	38,586	38,700
Carr, Lori	-	4,400	1,688	2,899	-	170	9,157	7,245
Charlton, Marilyn	-	2,900	1,050	1,029	-	72	5,051	6,040
Palmer, Vern	-	2,700	1,463	2,178	-	42	6,383	5,599
Pedlar, Debbie	-	2,975	1,288	1,975	-	55	6,293	6,407
Rodine, Derrell	-	4,125	1,250	1,218	-	-	6,593	4,085
Rygh, Lorne	-	-	-	-	-	-	-	4,524
StandingReady, Darlene	-	2,263	963	1,207	-	20	4,453	3,288
Stephenson, Karen	-	6,075	1,563	2,103	-	201	9,942	7,263
Tunall, Eileen	-	4,150	1,438	1,858	-	-	7,446	5,363
Total	$ 9,960	$ 42,457	$ 21,234	$ 26,020	$ -	$ 595	$ 100,266	$ 93,423

Senior Management Salaries, Benefits, Allowances, and Severance

	2011					2010		
Senior Employees	Salaries (1)	Benefits and Allowances (2)	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances	Severance	Total
Calvin Tant, CEO (3)	$ 115,859	$ -	$ 115,859	$ 187,385	$ 303,244	$ 177,062	$ -	$ 177,062
Marga Cugnet, Interim CEO (3)	129,848	-	129,848	-	129,848	-	-	-
Marga Cugnet, VP Primary & Integrated Health Care	75,323	-	75,323	-	75,323	230,187	-	230,187
Hal Schmidt, VP Finance & Corporate Services (4)	52,709	-	52,709	-	52,709	139,987	-	139,987
Pamela Haupstein, Interim VP Finance & Corporate Services (4)	84,799	-	84,799	-	84,799	-	-	-
Janice Giroux, VP Community Programs	170,956	-	170,956	-	170,956	163,212	-	163,212
Don Ehman, VP Human Resources	170,956	-	170,956	-	170,956	167,056	-	167,056
Alain Lenferna, VP Medical	252,501	-	252,501	-	252,501	215,730	-	215,730
Murray Goeres, Interim VP of Facilites	141,343	-	141,343	-	141,343	120,490	-	120,490
	$ 1,194,294	$ -	$ 1,194,294	$ 187,385	$ 1,381,679	$ 1,213,724	$ -	$ 1,213,724

(1) Salaries include regular base pay, overtime, honoraria, sick leave and merit or performance pay, lump sum payments, and any other direct cash remuneration.

(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee.
This includes taxable: professional development, education leave, education pay, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

(3) Marga Cugnet started the position Interim CEO September, 2010, replacing Cal Tant.

(4) Pamela Haupstein started the position Interim VP Finance & Corporate Services September, 2010, replacing Hal Schmidt.

(See accompanying notes)

Appendices

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2011

Personal Services

Listed are individuals who received payment for salaries, wages, honorariums, etc. which total $50,000 or more

ABDAI, GAIL	95,524
AKINS, SHENAN	106,219
ALELUNAS, PAT	98,634
ALEXUS, SHANNON	79,742
ANDERSON, CAROL	80,511
ANDREWS, CAROLYN	92,472
ASHWORTH, CHRISTINE	53,225
AVERY, SHELLEY	63,551
BAHSLER, KRISTIN	54,061
BAHT, JODI	74,226
BAKALUK, RANDALL	57,186
BAKKE, LORNA	99,593
BALOG, KIMBERLY	94,522
BARNABAS, IDA	104,566
BARSI, DOROTHY	81,690
BARSI, JEAN	71,468
BARTLETT, DELEE	59,406
BATES, MARJORIE	73,428
BATTERS, SHARON	66,376
BAUN, SHERI	61,477
BEAHM, JAN	83,363
BEATTIE, KELLY	79,466
BEAUDRY, DEBORAH	88,477
BEDORE, TRACY	66,693
BELIVEAU HILL, KAREN	70,221
BELKE, BRADLEY	94,860
BIEBERDORF, NATALIE	86,025
BLACKSTOCK, BERNIE	86,398
BLEROT, KARLA	56,545
BLEZY, DIANNE	52,336
BODE, JEAN L.	84,271
BOSTOCK, KRISTA	86,241
BOUTIN, AGNES	110,871
BOUTIN, FRANCES	56,871
BOWMAN, LINDSAY	53,334
BRAATEN, LUCILLE	54,403
BRADY, MARILYN	52,226
BRESCIANI, DOUGLAS	92,472
BROWN, CAROL	88,256
BRUMFIELD, BARRY	56,152
BRUNEAU, LOUISE	91,696
BUCKINGHAM, JOAN	65,605
BURAK, BRENDA	84,924
BURGESS, SUSAN	65,553
BYE, CANDY	94,789
CAMERON, VALERIE	67,004
CHARLES, LAUREL	78,056
CHEYNE, LOIS	55,850
CLARK, BARBARA	64,238
CLARK, COLIN	54,149
CLARK, SUSAN	63,283
CLAUDE, MIKE	74,112
CLEASBY, SANDRA	101,044
COAD, SUSAN	51,479
COBB, LENORA	110,042
COFFEY, LOIS	103,058
COLE, LAURIE	83,335
COLLARD, CLEMENT	84,762
COLLARD, MARIE	101,630
COONEY, DONNA	102,292
CORKISH, ROBYNN	55,169
CORNISH, MARNELL	103,448
CRASSWELLER, PATRICIA	81,414
CROSS, KENNETH	76,382
CROSS, SHANNON	85,273
CUDDINGTON, DENISE	50,034
CUGNET, HEATHER	50,740
CUGNET, MARGARET	230,187
DAENCKAERT, VERONICA	66,970
DAKU, JEAN	99,527
DALZIEL, TAMMY	50,834
DANYLUK, SYLVIA	88,438
DAVIS, BOBBI JO	55,721
DAVIS, CATHERINE	58,310
DAVIS, DONNA	54,760
DEREN, MARY	73,518
DEROOSE, JUDITH	84,970
DEVRIES, LORIE	77,676
DEW, CATHARINE	69,283
DEW, HEATHER	70,867
DIXON, JEANNETTE	55,140
DOMES, DAWNE	66,278
DORNIAN, SUZANNE	51,955
DORSCH, HELENE	84,073
DREBNICKI, STACEY	75,922
DROZARIO, CHRISTINE	85,243
DUECK, ROBYN	71,581
DUFFUS, LINDA	90,031
DUNCAN, ALISON	91,413
DURANT, DONNA	53,742
DUXBURY, LAVAUGHN	50,416
DYNNA, JOAN	53,932
EALEY, PAULA	57,166
EARL, SHAUNA	57,584
EAST, DEANNA	53,573
EASTON, COLLEEN	99,582
EBEL, JANET	86,309
EDDY, CHARLES	87,123
EDDY, KELLY	87,736
EDDY, SHAUNA	59,008
EDWARDS, MELANIE	53,724
EHMAN, DON	167,056
ELIAS WHITE, JENNIFER	84,945
FARNDEN, JOANNE	94,843
FARRELL, NANCY	57,552
FEDAK, STEPHANIE	72,037
FICHTER, TAMARA	57,754
FILLION, ERIN	53,470
FISH, KELLY	80,382
FISTER, VALERIE	64,462
FLECK ZEPICK, KARYN	64,845
FOLBAR, CHRYSTA	74,683
FORD, NICOLA	56,621
FORNWALD, JUDITH	99,956
FORSETH, SHARON	57,806
FOX, MARVIN	73,728
FRANK, DEBRA	64,119
FRAZER, REJEANNE	56,925
FREEMAN, BRENDA	60,089
FULAWKA, CHRISTOPH	59,483
GABRIEL, MAUREEN	108,709
GAMMACK, M RUTH	53,124
GARVEY, CARON	89,263
GECOSALA, CYNTHIA	98,344
GERESOLA, FEBE	51,601
GERVAIS, JANIS	75,496
GESSNER, KATHLEEN	50,736
GIBSON, JENNIFER	69,728
GIBSON, SUZANNE	68,445
GIBSON, SYLVIA	96,375
GIRARDIN, THERESA	90,615
GIROUX, JANICE	163,212
GODENIR, PAULETTE	61,411
GOERES, MURRAY	120,490

GONZALEZ, MAYRA 60,675
GOODING, WENDY 69,999
GORDON, LINDA 93,315
GREEN, DIANNA 86,235
GREENBANK, JENNIENE 50,906
GREENING, JEFFERY 91,038
GRIFFITHS, MARIE 53,318
GUENTHER, CRYSTAL 82,536
GUENTHER, JILL 71,697
GUILLOUX, EDITH 90,428
GUSTAFSON, HEATHER 65,993
GUTHEIL, CAROLE B 84,115
HALLBERG, KARI 93,176
HAMMELL, LAURIE 71,547
HANSON, JUDY 57,158
HARTNESS, MELANIE 59,520
HARVEY, MARION 98,930
HAUPSTEIN, PAMELA 92,817
HEAMAN, JENNA 77,476
HELMER, JOANNE 59,824
HENRY, KAREN 91,089
HERBERHOLZ, JUDY 51,719
HERMAN, COLLEEN 64,431
HILL, CAROLINE 65,625
HILL, G. RONALD 92,401
HILL, LAURIE 89,974
HILL, MARILYN 61,838
HILLSTEAD, TAMMY 59,070
HINS, PASCAL 79,741
HJERTAAS, NAOMI 91,251
HOFFART, DEANNA 77,525
HOFFART, SHELLEY 90,697
HOFLAND, TAMMY 93,579
HOIUM, CYNTHIA 90,086
HOLLINGSHEAD, JOANNE 99,124
HOLTZ, STACEY 57,286
HOUSTON, NORA 66,332
HOWSE, KEITH 64,267
HUEL, TANIA 83,769
HUME, LYNETTE 95,324
HUNTER, CHRISTINA 87,465
IRWIN, SARA 98,946
ISLEIFSON, BERTHA 53,746
JANZEN, ELAINE 87,857
JENSEN, CHRISTOPH 78,121
JOHNSON, ANNE 84,149
JOHNSON, CHERYL 93,263
JOHNSON, JOANNE 74,520
JOHNSON HALLBERG, LISA 80,599
JONASSEN, LOUANNE 81,542
KAPELL, RILLA 80,680
KAPELL, TAMARA 71,588
KATSCHKE, LORNA 84,612
KAUF, BERT 53,865
KEATING, JOSELENE 58,805
KEHLER, ANITA 76,923
KENNETT RUSSILL, DEBRA 64,519
KERR, JANE 101,770
KESSLER, PATRICIA 103,183
KETURAKIS, MARY JANE 68,133
KEW, VIVIAN 66,174
KING, HEATHER 65,262
KINGDON, STACI 54,845
KISH, GLORIA 58,911
KITCHEN, DONNA 64,619
KLEIN, SAMANTHA 82,668
KLEIN, TERRY 54,027
KNOX, JENNY 53,003
KOBITZ, SHEILA 68,799
KOLESNIK, MONICA 80,658
KOPEC, CANDACE 61,558
KOSIOR, DEBORAH 86,344
KOT, GRACE 84,670
KRAEMER, ELAINE 52,400
KRAEMER, MAUREEN 77,160
KUNTZ, BARB 64,334
KWOCHKA, TAMMY 66,224
KYRYLCHUK, JUDY 90,932
LALIBERTE, GLORIA 65,405
LAMONTAGNE, SHIRLEY 87,140
LANKTREE, CARRIE 50,127
LANSDELL, LANA 61,785
LAROSE, MICHELLE 66,766
LARSEN JAMES, NANCY 66,208
LARSON, JODY 64,735
LARSON, SHEILA 106,554
LAURENT, DEBRA 99,582
LAUTNER, FREDA 62,853
LAWRENCE, LEANNE 53,630
LAWRENCE NAYLEN, NANCY 54,416
LEBLANC, LEANNE 52,278
LEE, COLLEEN 89,580
LEE, JENNIFER 77,958
LEE, MICHAEL 104,412
LENFERNA DE LA MOTTE, PAUL ALAIN 215,730
LESY, J. VAUNE 66,513
LEWIS, BERTHA 72,327
LODEN, CATHERINE 82,708
LONOWAY, WESLEY 63,418
LUECK, SHELLEY 56,993
LUSCOMBE, MICHELLE 86,404
MAAS, BRIAN 61,317
MACCLEARY, ANGELA 71,588
MACPHEE, ALAN 86,817
MALIN, KATHLEEN 61,257
MANNS, DANIEL 54,961
MANTEI, LANA 102,997
MARCOTTE, JANE 52,186
MARCOTTE, VANESSA 71,758
MAREK, PATRICIA 56,177
MARSHAK, ESTHER 73,021
MARSHALL, GWENDA 90,623
MARSHALL, PAULINE 56,327
MATSALLA, DONNA 65,433
MAURER, DAWN 50,481
MAY, PATRICIA 102,526
MCAULEY, RICHELLE 52,142
MCCALLUM, TRENT 74,516
MCCLARTY, LEILA 100,396
MCCORMICK, JUDITH 97,591
MCFADDEN, KATHY 67,924
MCKAY, MONA 93,913
MCKEE, PENELOPE 58,855
MCLEOD, IRENE 88,959
MEGENBIR, JOHN 74,480
METZLER, BETTY 83,414
MIDDLETON, COLBY 50,605
MILLER, JOAN 100,954
MILLER, WANDA 74,385
MILLIGAN, CONNIE 63,131
MILTON, JULIE 79,478
MITTEN, MICHELE 84,234
MOHR, SUSAN 74,478
MOLARO, STEPHEN 55,695
MONTGOMERY, LISA 70,227
MOONEY, DERRICK 51,387
MORRICE, CINDY 58,194
MORRICE, JENNIFER 52,973
MORRIS, ALISON 69,708
MOWREY, GARY 55,603
MULHALL, SHARON 83,743
MURPHY, CRYSTAL 73,287
MURRAY, JOHN 67,979
MUSTATIA, STACEY 77,863
NAULT, BETTY 67,004
NAVIAUX, BARBARA 59,533
NAYLEN, CHERRIE 56,464
NEISZNER, HOLLY 56,919
NELSON, NAOMI 55,534
NICHOLSON, NOLA 52,986
NUESSLER, ANITA 63,855
OBST, DEBORAH 105,338

OCHITWA, KAREN	92,936
OLFERT, LARRY	63,911
ONSTAD, DELINDA	81,339
OXELGREN, SONIA	86,433
PANTELUK, LORI	79,621
PAULSON, C GRANT	83,021
PEDERSEN, ANDREW	86,957
PENNEY, KIMBERLY	58,739
PETERSEN, LEAH	80,762
PETERSON, CAROLYN	69,016
PETTITT, MARK	70,381
PETTY, SHARI	55,218
PICK, PAMELA	106,081
PIERCE COLBOW, DEANNA	86,216
PIERSON, KELLY	64,985
PLONKA, GRACE	86,448
POSPISIL, NONA	81,231
PRATT, JUDY	67,004
PRYZNYK, SHAWN	82,803
PURVIS, DIANA	83,375
PYETT, SHERRY	69,486
RAJOTTE, TERRI	102,816
RAPITTA, CARMEN	64,811
RESLEIN, JENNIFER	78,808
RESTAU, FLORIE	93,771
ROBINSON, BRADLEY	75,702
ROCHAT, MARK	58,585
RODENBUSH, DALE	110,226
RODINE, JOYCE	91,255
ROEMER, JOYCE	68,021
ROMAN, ROBERTO	50,122
RONQUILLO, YVONNE	90,719
ROR, LINDA	92,472
ROTHWELL, TRACEY	76,211
ROWE, EVELYN	89,661
ROY, JASON	74,015
ROY, RICHARD	66,405
RUDY, MICHELLE	54,535
RUTTEN, WHITNEY	63,000
RYGH, ROBERTA	69,243
SALMERS, MARLENE	70,021
SANDSTROM, CORINNE	73,230
SANGSTER, JANIS	82,686
SANGSTER, RHONDA	50,356
SATRE, TANIA	80,651
SAUNDERS, LESLIE	89,220
SAWIN, LORNA	100,653
SCHAFFER, MARY ANNE	67,310
SCHARNATTA, COLLEEN	77,660
SCHINDEL, SHARON	85,296
SCHMIDT, EUGENE	86,235
SCHMIDT, HAROLD	139,987
SCHMIDT, JASON	69,980
SCHMIDT, LAURIE	64,952
SCHMIDT, LENNA	67,004
SCHULTZ, DUANE	109,022
SCHULTZ, LORRIE	86,138
SELLERS, BETTY	53,495
SETRUM, CHARMAINE	75,156
SHAVER, NORMA	94,982
SHAW, THOMAS	74,414
SHELSTAD, CAROL	87,723
SIMPSON, BECKY	73,716
SJARE, MIKE	86,235
SJOSTRAND, JANICE	100,486
SMITH, SANDRA	53,372
SMITH, SHERRI	54,310
SOVDI, COLLEEN	51,057
SOVDI, JUDITH	77,033
SPENCER, PENELOPE	57,699
STEELE, KATHLEEN	86,451
STEIN, BRENDA	88,963
STEININGER, LIVIA	63,113
STEININGER, TERRY	89,711
STEPHANY, GENE	92,036
STRELIEFF, HELEN	54,247
STRUBLE, ANNAMARIE	58,964
STUBEL, MONIKA	51,879
STYLES, NANCY	75,506
SWERTZ, STELLA	79,650
SZABO, MICHAEL	50,972
SZAKACS, SHEILA	65,330
TAIT, PAULA	65,874
TAMONDONG, MARICEL	56,899
TANT, CALVIN	177,062
TANT, HEATHER	92,544
TEDFORD, GARRY	70,201
TESTER, CHRISTINE	60,306
THERA, SHIRLEY	67,004
THOMPSON, DEBORAH	90,276
THOMSON, SCOTT	58,573
THUEN, DEBORAH	90,492
TIFFEN, MONIQUE	70,170
TOMILIN, BARBARA	82,017
TOTH, SHAUNA	61,148
TOURAND, DENISE	76,205
TREBICK GIBSON, CORINNE	79,167
TREJO SOTOMAYOR, LINDA	68,986
TREMBLAY, LARAINE	94,944
TULLOCH, LORI JEAN	59,128
ULMER, THERESA	69,904
VANSTONE, JEWELL	72,324
VERMEULEN, CHRISTA	80,691
VEROBA, SARAH	57,978
VIERGUTZ, SUSAN	80,204
WAGNER, JANICE	73,315
WALL, RHONDA	81,511
WARD, COREEN	103,286
WARD, STEPHANIE	76,366
WARNER JOHANSON, SHEILA	70,152
WARREN, NANCY	90,462
WATLING, JOSEPHINE	63,330
WATSON, FELECIA	65,217
WATSON, ROD	79,102
WEILER, ANN	52,611
WEIR, BROCK	56,169
WHEELER, SHIRLEY	86,213
WHYTE, DERRICK	89,344
WIEBE, RACHEL	64,820
WILES, LINDA	86,139
WILLETTE, STEPHANIE	59,368
WILSON, LINDA	99,582
WILSON, TANNIS	97,718
WOLFE, DONNA	82,565
WRIGHT, BARBARA	64,470
WRIGHT, BERNADETT	95,477
WRIGLEY, KYRA	65,296
WYSMINITY, LINDA	101,237
ZAMBORY, TRACY	89,882
ZELIONKA, TIFFANY	60,047
ZENKAWICH, STEVEN	100,244
ZYLA, JILL	53,350

Transfers

Borderline Housing Co. Inc	1,756,353
Canadian Mental Health Association	123,023
Fillmore Ambulance	73,260
Radville Marian Health Centre	3,468,189
SMILE Services Inc.	62,382
St. Joseph's Hospital	16,051,087
Supreme Ambulance (Carlyle)	313,356
Weyburn Group Home Society Inc.	253,172

Supplier Payments

Access Communications	71,475
Advanced Electronic Solutions Ltd.	150,420
Aim Electric Ltd.	56,514
Beckman Coulter Canada Inc.	116,165
Bunzl Distribution	147,109
C J Meyer Medical P.C., Inc.	374,801
Cambridge Management Planning Inc.	76,757
Canadian Waste Services	59,341
Can-Med Healthcare	66,148
Cardinal Health Canada Inc.	54,106
City of Weyburn	93,732
CPDN	104,039
Crane Supply	68,873
Crestline Coach Ltd.	372,263
Fong, Dr. Philip	170,356
Getinge Canada Ltd.	68,027
Grand & Toy Office Products	69,812
Healthmetrx Canada Inc	62,008
Hill-Rom Canada Ltd.	110,079
Hiroc Insurance Reciprocal	122,065
Hospira Healthcare Corporation	133,764
Hudson, Dr. Shauna	155,509
IBM Canada Ltd.	1,108,815
Infoquest Technologies Inc.	58,973
Integrated Planning Resources Inc	84,613
Jamil, Dr. Nusrat	54,912
Johnson & Johnson Medical Products	314,386
MacPherson Leslie & Tyerman	72,861
Marsh Canada Ltd.	110,879
McKercher LLP	89,200
McKesson Canada	108,705
McKesson Distribution Partners	80,288
Medical Centre	50,804
Medical Professional Corporation	153,797
Medtronic of Canada Ltd.	134,366
MHPM Project Managers Inc.	58,460
Minister of Finance	51,156
Oakwood Roofing & Sheet Metal Co. Ltd.	320,010
Oberholzer & N.W. Helms, Dr.'s	109,716
Onugha, Dr. Edward	305,237
Oyebode, Dr. Omoniyi	331,216
Petro Canada	62,289
Phillips Healthcare	147,137
Pratt's Wholesale Sask Ltd.	95,894
Quality Life Services Inc.	309,565
Radiology Associates of Regina	271,197
Regina Qu'Appelle Health Region	140,899
RPG - Resource Planning Group Inc.	63,961
Saputo Dairy Products Canada	119,382
Saskatchewan Power Corporation	1,104,715
Saskatchewan Property Management	843,142
Saskatchewan Telecommunications	410,948
SaskEnergy Incorporated	642,536
Schaan Healthcare Products	636,533
Siemens Healthcare Diagnostics Ltd.	57,617
St. Joseph's Hospital	1,439,150
Stantec	305,574
Stevens Company Ltd.	97,030
Suberu, Dr. G. B.	401,478
Sysco Food Services West Inc.	693,916
The Border-line Housing Company (1975) Ltd.	364,210
The Fundraising Network	76,767
Tyco Healthcare Canada Inc.	63,056
Vipond Fire Protection Inc	105,448
Vitalaire Healthcare	75,996
Vitality Foodservice Canada Co.	57,164
Western Prime Meat Processors	76,562
Wilhelm Construction Services Inc.	60,984

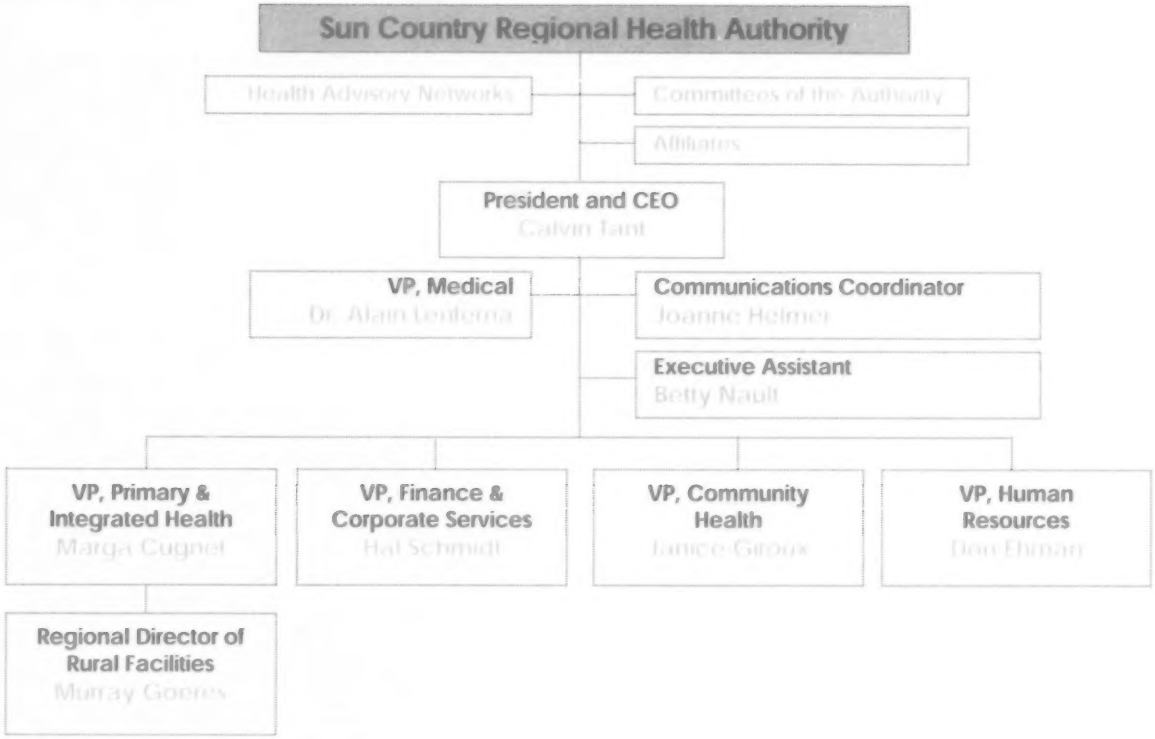
Other Expenditures

Canadian Union of Public Employees Employment Strategy Committee	113,613
Canadian Union of Public Employees Local 5999	885,848
Citicorp Vendor Finance Ltd.	74,281
Golden Opportunities Fund	55,186
Great West Life Assurance Company	528,557
Health Sciences Association of Saskatchewan	92,345
London Life	109,070
Public Employees Pension Plan	175,867
Receiver General for Canada	22,056,410
Royal Bank of Canada - Weyburn	61,223
Sask Works Venture Fund Inc.	303,787
Saskatchewan Association of Health Organizations	5,079,385
Saskatchewan Healthcare Employees Pension Plan	9,558,728
Saskatchewan Registered Nurses' Association	116,739
Saskatchewan Union of Nurses	303,213
Saskatchewan Workers' Compensation Board	1,285,078

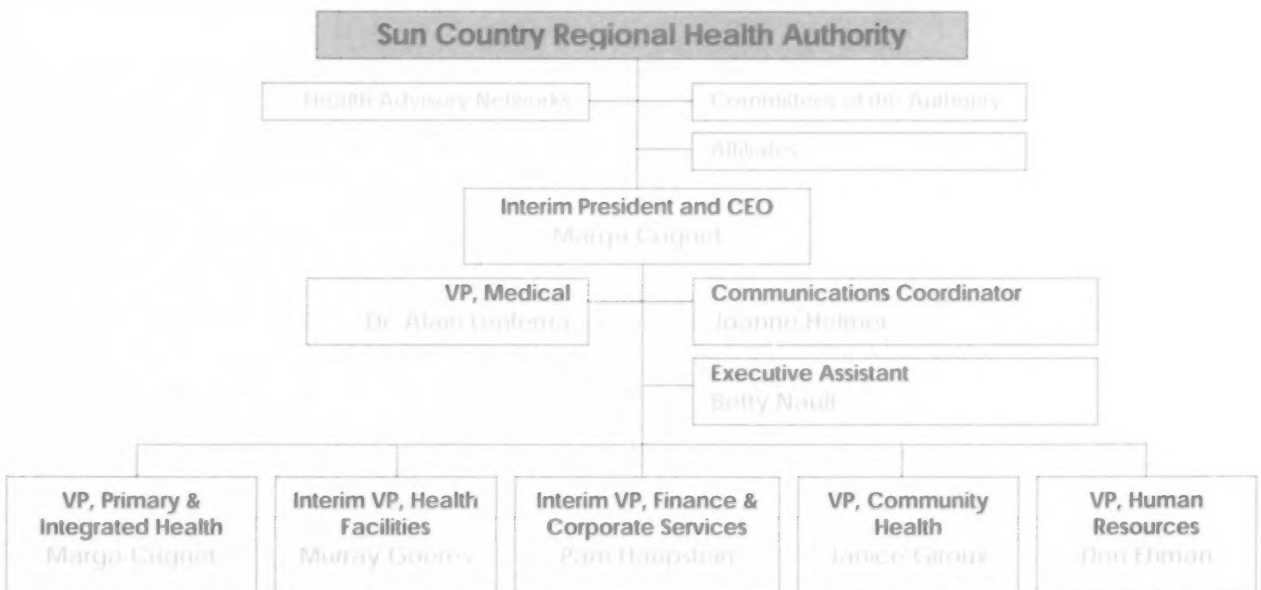
Appendix 2

ORGANIZATION CHART

to August/September 2010



from September 2010



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